THE BENEFITS OF CHILD SPACING

A Community Health Education Programme with Somali migrants in Malta

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The World Health Organization (WHO) and other international organizations recommend that individuals and couples should wait for at least 2–3 years between births in order to reduce the risk of adverse maternal and child health outcomes.

World Health Organization, 2006

Background

Being a wife and mother are significant attributes in the Somali culture. Women are valued for their “purity” and “piety”, and assume higher social status when they marry and have children, Dubois, 2010). In the Western world, these traditional roles are becoming less clearly defined as women and men alike take on the new roles necessary to survive in a foreign country becoming are influenced by a more liberal culture.

A Somali woman's status is enhanced by the number of children she bears; thus it is not unusual for a Somali family to have seven or eight children. The concept of planning when to have or not to have children has little cultural relevance for Somalis. Women are socialized to remain focused on family, not public matters since, the social, political, and economic power structure in the country relies on unequal male/female dichotomies. Due to the civil war in Somalia in 1991 many men and boys were killed or kidnapped. Some women and their children had to flee their country on their own in order to survive or to join relatives abroad.

Islam, the Muslim religion, plays a large part in the everyday lives of Somalis. Furthermore, Islam helps women to maintain traditional roles by providing the structure for family life. Muslims belief that it is up to God how many children a woman will bear and nothing must interfere in this process. Contraceptive use for spacing births is rising only minimally in some sub-Saharan African countries (Greene, 1999).

Islam does not permit birth control, and encourages human reproduction, as the Prophet exhorted Muslims to multiply (Unicef, 2002). According to the Koran ‘mothers shall give suck to their offspring for two whole year’s
(Qur’an 2:233). This practice which is highly recommended by western health professionals due to the health benefits to the child is in itself a method by which child spacing is enhanced.

Migrant women from sub-Saharan Africa who migrate to western countries have come to realize that due to economic hardships and the need for women to participate in the labour force. Being away from the social pressures back home is contributing to the women’s rethinking of their reproductive customs and cultural norms. Whether explicitly or implicitly, couples weigh the benefits of child spacing against their social and economic disadvantages. Cultural norms and customs have a strong influence on the women’s birth spacing practices in countries of origin:

Family and social pressure

Social pressure to bear children quickly after marriage is common in sub-Saharan Africa. Somali girls get married at a young age and therefore they are bound to have large families.

Breastfeeding practices

Whether women breastfeed at all, how frequently, and how long influence their birth spacing practices. In developing countries nearly all women breastfeed their newborn children (Labbok et.al, 1997). Breastfeeding differs among cultures both in duration and frequency, however, among developing regions the duration of breastfeeding ranges from an average of fourteen months in Latin America to twenty-one months in sub-Saharan Africa (Haggerty and Rutstein, 1999). Women who fully or nearly fully breastfeed their infants remain amenorrheic longer (Haggerty and Rutstein, 1999).

Postpartum abstinence

While taboos against postpartum sexual activity are widespread, particularly in Africa, the duration of postpartum abstinence varies greatly both within and among countries. Postpartum abstinence in sub-Saharan Africa is about 2 months, (Haggerty and Rutstein, 1999).

Preference of son

Couples who prefer sons tend to have their next child soon after the birth of a daughter.

Overtime, and into a number of years from their arrival on the island migrant families start to realize that a smaller family is more affordable and easier to manage. These women migrants are often not well informed about the methods of how they can reduce the number of children in
order to live a more decent and affordable life. In the Islam religious it is not permitted to prevent pregnancy however, the spacing of children is recommended by the Koran.

There are various health and social reasons why there should be an interval between pregnancies. A 2002 study by researchers at the Demographic and Health Surveys (DHS) program found that children born 3 years or more after a previous birth are healthier at birth and more likely to survive at all stages of infancy and childhood through age five. The study uses DHS data from 18 countries in four regions and assesses outcomes of more than 430,000 pregnancies (2002).

Omran (1984) asserts that through the years, Islamic theologians have identified a number of acceptable reasons for practicing contraception, including:

- to avoid transmission of congenital diseases to offspring
- to protect women from the stresses and ill health effects of pregnancies that are too close together
- to better enable a man to meet his financial obligation to support his family support and to avoid his pursuit of ill-advised activities in order to do so
- to protect women’s beauty and physical fitness, ensuring husband’s continuing enjoyment and happy married life
- to allow for the education, proper rearing, and religious training of children, which is easier with fewer children

Longer birth intervals are healthier for mothers and their children, enabling parents to devote more of their time to each child in the early years, give parents more time for activities other than child-rearing, and often ease pressure on family finances. These are not the only factors that couples consider in making decisions about child spacing. Many couples consider how birth intervals affect the mother’s employment. For example, in Canada, Ethiopia, and Nigeria, research shows that women who work outside the home tend to space their children more closely to complete their families quickly and thus minimize their time out of the workforce, or to compress the economic and physical burdens of child-rearing (Hogan et.al 1999). According to Fasoun et.al (1996) the benefits of child spacing are:

- to give each child born his rightful level of caring and attention
- to the mother the time to rest and regain her health
- to give the husband the chance to weigh the financial situation and plan the family’s future

Other reasons are that women are being more gainfully employed and cannot afford to pay for child-care. Moreover, most migrants live in
shared accommodation and it is not healthy for children to live in cramped conditions. Children need healthy food, clothes and educational material. Migrants are often unemployed or underemployed and therefore it is impossible to be able to provide the necessary needs for a large number of children.

Methodology

The Child Spacing Programme focused on information giving on the topic of child spacing practices among Somali women residing in open centres in Malta. On various occasions during other health education sessions the Somali women have asked about how they can have a longer interval between one pregnancy and the next. A review of the literature of Somali communities in the United States, United Kingdom and Scandinavian countries illustrated that Somali couples have little knowledge of contraceptive methods and are unlikely to use such methods. Their desire for information about contraception and child spacing is impacted by increased child survival rates in Western countries as well as the economic burdens and challenges of immigration. Discussing sexual matters is traditionally taboo among Somalis although this situation is changing among migrants who have been in Malta for some time.

At the time of writing this report there were 262 female migrants living in open centres in Malta. One hundred and fourteen (114) of these were mothers. The majority of these mothers were young and some had children who were born Somalia and others in Malta. Others also have children living with relatives in Somalia who have never met their brothers or sisters born in Malta. Some women are accompanied by their husbands and others meet their partner/husband usually form their own community on the island.

Most of the women were not employed due to their lower educational level and due to linguistic barriers. They spend their day cooking, looking after their children and chatting with other women from their own community residing in the centres. As a means of financial support the Maltese government provides adult migrants a daily allowance of 4.66 euro and 2.33 euro for children.

The Child Spacing Project was delivered in three ways:
- One-to-one sessions
- Three focus groups
- An educational DVD

One-to-one sessions and focus group sessions were conducted with Somali migrant women residing in two open centres in Malta. In one
centre where 150 migrants are accommodated, one-to-one sessions were carried out with 12 female participants.

Following the first focus group was carried out among thirty-five (35) participants, twenty-nine (29) females and six (6) males. In the other centre which hosts ten (10) Somali families another focus group was among seven (7) females was carried out. A final focus group was carried out with both all female participants and some of their spouses.

The latter was organised during the evening as most of the men were at work during the mornings.

Demographic information was gathered at the beginning of the one-to-one sessions. The participants who were all females provided information on age, ethnicity, number of children in Malta and in Somalia, the use of contraceptives, educational and employment status. These demographic characteristics are presented in Table 1. All the participants were Muslims (100%) and identified Somali as their mother tongue. In terms of current and past history of employment, none of the participants were employed in the host country or in Malta. The majority of participants had never received any form of formal education.

The average age of the women in this study was 24 which indicates that they were still infants when the political structures in Somalia collapsed in 1991 due to the civil war. Ethnohistory is an important factor often missed out when planning projects among Ethnic monorities. Ethnohistory is a meaningful way of examining care from a cultural perspective. The environmental context, which includes physical, ecological, sociopolitical and cultural settings, gives meaning to human expressions of care Leninger (1995). Ethnohistory refers to the past

<table>
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<th>Ethnicity</th>
<th>Age</th>
<th>Total no. of children</th>
<th>Children born Somalia</th>
<th>Children born in Malta</th>
<th>Use of contraceptives</th>
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events and experiences of individuals or groups, which explain human life ways within particular cultural contexts over short or long periods.

A trained Somali cultural mediator from the Somali community was recruited for this project to facilitate the focus groups and to assist with translation of the drawn up diagrams during the sessions. The time and location of the groups were chosen based on input from both coordinators of the centre and the participants.

Based on the suggestion recommended by the Minnesota International Health Volunteers (2008) communication skills and the cultural sensitive questions were addressed to the participants at the beginning of the one-to-one interviews:

- Do you have any children? How many children do you have?
- Are you hoping to become pregnant in the near future?
- How many years would you like between pregnancies?
- If the client seems comfortable and positive, continue with:
- In your culture, do you have ways you can achieve the spacing you want between children?
- Would you like to know other ways to space your children?

All the Somali women who were interviewed were mothers. The participant who had most children had a total of seven (7) children (six in Somalia and one in Malta). Four mothers had a only child. Seven out of the twelve mothers said that they wanted to have more children but with long intervals in between. Two of mothers were on contraceptives (one was taking the pill and the other’s partner was using the condom). Four of the participants were breastfeeding however, they were unaware that exclusive breastfeeding is a form of contraceptive.

Following the collection of this data, the three natural methods of contraception were mentioned prior to other hormonal and non-hormonal methods:

- Exclusive breastfeeding
- Withdrawal
- Calendar method

The effectiveness and disadvantages of each method including information about the lack of protection of sexually transmitted infections (STIs) including HIV in using any of these three methods were explained in detail. A large number of women were interested in the calendar method which was explained by drawing up a diagram illustrating the anatomy of the female reproductive system and explaining the stages of the menstrual cycle and the fertilization process.
An educational DVD on the topic of child spacing was shown to all participants, males and females in both centres. The video was highly appreciated since it features Somali families living in the US; it is also in the Somali language. The DVD features the lives of three Somali couples who are resettled in the US. One couple are expecting their first baby; one couple is fuelling myths influencing the newly pregnant mother negatively and the other couple is trying to space the arrival of their next child after having had four pregnancies close to each other. The presence of an Imam within the discussion of the couples has served as a credible source of information, giving valid and acceptable reasons for child-spacing accepted by the Koran. Another huge issue to Somali women is their fear of delivery by Caesarean section. The reason behind this practice is also well explained in the DVD. Feedback form the male attendants was not very forthcoming although they said that they appreciated the message in the DVD.

**Discussion**

Culture and Religion play a role in child spacing as Somali culture typically values large families. Views about family size are changing as large families are more difficult to provide for, and residences are generally smaller. The focus group participants were not doing something intentional to space children but many times they have discussed their anxieties with the coordinators and carers at the open centres where they are currently accommodated. The participants identified three major disadvantages of having a large family in the host country:

- economic hardship in raising many children
- difficulty in giving a good moral upbringing to many children
- physical difficulty on the mother in raising many children

Discussing such delicate topics with the Somali community does not come natural due to the taboo that surrounds intimate issues. Bearing in mind that preventing pregnancies in the Islam religion is not acceptable one has to be cautious in one’s to approach towards an effective health education programme on reproductive health. The benefits of child spacing when explained within an acceptable religious context by referring to the Koran is a good approach to tackle such issues. Family planning is largely interpreted as limiting the size of one’s family, which is culturally unacceptable. Communication skills and the use of questions addressed to the participants should be congruent to cultural sensitive health education if a better understanding of the message being transmitted is to be achieved.

High prevalence of misinformation and fears about modern contraceptive methods exists among the Somali migrant women in Malta. Some women who had been given information by health professionals regarding
contraceptive methods were not convinced that these (the pill) really work. Others mentioned the use of condoms were not the preferred choice by their husband and some contraceptive methods such as the contraceptive ring was difficult to insert due to the structure of their genital area as a result of female genital circumcision. The majority were lacking knowledge on what is available to space pregnancies.

'We do not know what is available to space our pregnancies but we would like to learn because life is different here, both for the men and the women’

Male participant

A few participants during the one to one sessions stated that that a woman has no control over her body and can only refuse sexual relations with her husband when she is not feeling well or very sick and that the desire for more children is seldom discussed openly because children are believed to be gifts from God and their numbers are for God to decide.

A woman should never refuse her husband sex and, if she does, God will be unhappy with her.

Female participant

Whenever the discussion involves the opinion of the husband it was observed that the facial expressions of the women change. Women are often responsible to bear a number of children. This issue is not to be discussed; it is meant to happen naturally

'If it was for me I would not have anymore children. But Somali men always want a lot of children because this is our culture’.

Female participant

The fact that Somali wives and husbands talk do not about their sexual relationship makes it more difficult to find ways to space out pregnancies. During the one-to-one interviews, the participants found it hard to discuss their menstrual cycle and their dry days with their husband. They often mentioned that their husband will not be interested to be given instructions on when and when not to be sexually active.

You never talk about your private life... I mean sexual life... with a friend. And when it comes to your husband... we don’t speak directly, we show.

Female participant

In the DVD which was shown to the participants the role of the Imam was significant to help the men understand that child spacing is allowed in the Muslim religion.
Both opposition and support for child spacing may be found in Islamic teaching. Traditional methods such as monitoring the woman’s menstrual cycle, breast feeding, and the withdrawal method are typically more preferred by Islam. Barrier and hormonal methods can face greater opposition.

Conclusion

Many other women are not using contraception even though they would prefer to space their next birth. These women are considered to have an unmet need for family planning. Levels of unmet need for family planning among women who want to space births are even higher than among women who want to limit births, particularly in sub-Saharan Africa (Setty-Venugopal and Upadhyay, 2002).

Ambivalence, lack of information, and personal and family opposition explain the majority of unmet need among women who want to postpone their next birth. Lack of access to family planning services is also a major factor. Strategies to encourage family planning include using the term “Child Spacing” because it empowers the couple, and can be defined as benefitting the mother and the child. Counselling women and especially new mothers is an important step to help women meet family-planning needs.

Since couple’s decisions about birth spacing are influenced by their individual situations and desires, and not just by the health benefits, new messages that inform couples that 3-5 year birth intervals are optimal need to be sensitive to their preferences. In particular, couples should not be blamed for choosing shorter intervals or made to feel they are bad parents.

Couples and individuals need to make their own spacing decisions based on accurate information and a range of contraceptive options (Upadhyay, 2001) including natural methods which are congruent to the Islam religion. Health care providers and programmes have a responsibility to help this population group and special attention should be given to overcome cultural and language barriers by involving cultural mediators and in the delivery of health education programmes in a cultural sensitive way. Regardless of how long couples choose to wait between births, programmes and providers need to respect and support their decisions.
Recommendations

• The term Child-Spacing is preferred to prevention of pregnancies by the Somali communities

• Counselling women on one-to-one bases on child-spacing encourages more in-depth information and effective information-giving than in a focus group

• Communication with Somali couples on the topic of child-spacing should be planned with Muslim religious principles in mind

• The reasons for child-spacing need to be understood and affirmed by the couple

• Health professionals should give good counselling, not only by appearing as an expert but more importantly by active listening.

• The presence of men in such sessions is not very forthcoming but this should not be discouraging.
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