

**SOCIETY FOR FAMILY HEALTH (SFH) AND REPRODUCTIVE HEALTH SERVICES IN CHIKUN LGA OF KADUNA STATE, NIGERIA**

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**Abstract**

*Kaduna State continues to grapple with an unacceptably poor health indices and heavy disease burden. Infant mortality rate is at 103/1000, maternal mortality rate at 800/100,000, under five mortality rate at 170/1000 and HIV prevalence rate at 5.1%. Therefore, this study interrogated the Contribution of Society for Family Health (SFH) on Reproductive Health Services in Chikun LGA of Kaduna State. The study postulated that there is no relationship between the SFH programme and provision of reproductive health services in Chikun LGA of Kaduna State. Contract Failure Theory by Hansmann (1980) had been adopted as theoretical framework to give structure to the study. Both primary and secondary sources of data were used in the study. It was unveiled that; insufficiency of funds, ignorance and limited publicity has hampered the SFH from covering a larger number of persons at the grassroots who are desperately in need of the services offered by this NGO. It was concluded that; SFH could do more with regards to improved health standards of families in Chikun LGA if supported by both government and other development partners. It was recommended that; the government and other humanitarian organization (NGOs) should work in conjunction with the SFH through adequate and sufficient financial supports, the National Orientation Agency (NOA) and Society for Family Health (SFH) should embark on adequate publicity and awareness campaign on radio, television, religious houses, newspapers and through village town criers on the availability of range of services offered by SFH and the need for families to take advantage of these services so as to have a healthy and prosperous Family life.*

**Keywords:** Family, Reproductive Health, Services, Contract Failure theory.

## Introduction

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. However, men also demand specific reproductive health needs and have particular responsibilities in terms of women's reproductive health because of their decision-making powers in some reproductive health matters. Reproductive health is a fundamental component of an individual's overall health status and a central determinant of quality of life (WHO, 2009).

In tandem to the aforementioned, the WHO (2016) opined that approximately 830 women die every day globally from preventable causes related to pregnancy and childbirth. Although maternal deaths have been declining over the past decades, they remain a concern, particularly in the less developed regions (UNPD, 2017). By comparison, the maternal mortality ratio in the more developed regions is 12 per 100,000 live births. Also in 2016, the global neonatal mortality rate was 19 deaths per 1,000 live births. Neonatal mortality was highest in Central and Southern Asia and in sub-Saharan Africa (28 deaths per 1,000 live births in both regions) (UNPD, 2017).

Nigeria with a population of over 150 million has one of the weakest health systems in the world and was ranked 187<sup>th</sup> out of 191 member states (WHO, 2000). Due to the weak health systems, maternal and child health status in Nigeria is among the worst in Africa. With approximately 2.5% of the world's population, Nigeria has more than 10% of all under-5 and maternal deaths more than 1 million newborn, infant, and child deaths and more than 50,000 maternal deaths every year (Galandanc et al, 2007; USAID, 2008). Annually, an estimated 52,900 Nigerian women die from pregnancy related complications, out of 529,000 global maternal deaths, thus a woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13 (FMH, 2007). In tandem to this, Abdul'Aziz (2009) as cited in Okeibunor, Onyeneho and Okonofua (2010) reported that Nigeria's 59,000 annual maternal deaths ranks second after India's 117,000 maternal deaths, in terms of global hierarchy of the burden of maternal mortality. However, India with a population of over one billion people reduced its maternal mortality from 136,000 to 117,000 between 2000 and 2005. By contrast, Nigeria's maternal deaths rose from 37,000 in 2000 to 59,000 in 2005 with a population of 140 million.

The United Nation (UN) and World Bank (2005) as cited in Folashade and Ismail (2013), estimated that 144 women die each day in Nigeria from pregnancy and related complications making her one of the worst countries for women to deliver babies in the world. NBS (2018) recorded that the life expectancy for males in Nigeria was 47 years, 51 years for females and 49 years for both in 2016. Sequel to this, it had also been reported that the life expectancy in Nigeria as at 2012 was 48 years compared to 73 years in China and 83 years in Japan, while maternal mortality rate was 1,100 deaths per 100,000 in contrast to 45 and 6 deaths per 100,000 in China and Japan respectively (WHO, 2012). Only 10.8 per cent of Women in 2016 used modern contraceptive methods while about 86.6 per cent are not using any method. Child mortality rate was 54 per 1,000 live births in 2016/17 (NBS, 2018). In the same

vein, Nigeria is also among the countries in the world with the large number of infant mortality rate (70.49%, 33rd of 179), maternal mortality, malnutrition, poor drug access (0%, 141st of 163), poor birth rate, crude > 1000 people (40.51/1000, 20th per 1000), with 0.28 physician per 1000 (48 of 148), poor expenditure on health as % of GDP of 4.7% (13th of 185) and general low health performance records in the world (WHO, 2012; NPC, 2010; Jamo, 2013; Jamo, 2014).

Society for Family Health (SFH) is an NGO driven with the vision of delivering health services to the inhabitant of Nigeria and Kaduna State specifically. Society for Family Health is one of Nigeria's largest indigenous Non-Governmental Organizations with one of its offices in Kaduna state. It was founded in 1985 by three eminent Nigerians: Professor Olikoye Ransome-Kuti (late), Justice Ifeyinwa Nzeako (late), Pharmacist Dahiru Wali and Phil Harvey. One of the founding principles of SFH was to promote and support the practice of Child Spacing. Spacing of births of three to five years allows each child to develop and grow best, and gives mothers the chance to recover their health and strength between pregnancies, for the benefit and well-being of the whole family. SFH does this through education and empowerment of couples through the provision of information, services, and products for both modern and natural birth spacing methods. The Family Planning Division of SFH works to achieve the following goals: increase knowledge of modern child spacing methods among couples of reproductive age; increase positive attitudes and understanding of the importance of child spacing products, to achieve a national reduction in maternal mortality, to improve inter-spousal communication among couples, to increase the number of women using modern methods, and to improve the capacity of health care providers to offer correct child spacing information and services (SFH, 2014-2015).

Despite the establishment of Society for Family Health (SFH) with the mandate of improving reproductive health services, Kaduna State continues to grapple with an unacceptably poor health indices and heavy disease burden. Infant mortality rate is; at 103/1000, maternal mortality rate at 800/100,000, under five mortality rate at 170/1000, TB prevalence rate - 4/1,000, HIV prevalence rate - 5.1% , HIV prevalence rate among population 15 – 25 years - 4.5%, fertility rate - 6.1 and Proportion of 1 year old immunized against measles - 56.1% (KDSDP, 2018). This view was supported by USAID (2017), who opined that six states in Nigeria account for 41% of people living with HIV including Kaduna, Akwa Ibom, Benue, Lagos, Oyo, and Kano. The life expectancy rate at birth for the male is at 43 while for the female is at 48 in Kaduna State (UNDP, 2016).

Sequel to the forgoing, MICS5 (2016/17) as cited in NBS, (2018) reported that 75.9% of women currently married or in union with their partners are not using any contraceptive method in Kaduna state. 23.4% of pregnant women had no antenatal care visits which exposes them to a high risk of maternal/infant mortality during delivery (NBS, 2017). The Neonatal mortality rate for Kaduna State stood at 28% which is high when juxtaposed with 22% of Taraba state; 66% infant mortality rate which is also high when comparing it with Anambra state with 39% and 82% under five mortality rate which is also abnormal when compared to Kwara and Lagos states

which had the lowest child mortality rate of 6 per 1,000 live births (NBS, 2018). Against this backdrop, the paper assesses the contribution of Society for Family Health (SFH) towards improving reproductive health services in Chikun LGA of Kaduna state.

### Statement of Hypothesis

**H0:** There is no relationship between the SFH programme and provision of reproductive health services in Chikun LGA of Kaduna State.

### Conceptual Clarifications

#### Concept of Society for Family Health (SFH)

Society for Family Health (SFH) is a Nigerian-managed non-profit organization working in Nigeria's health and development sector (SFH, 2013). SFH began as a [Population Services International](#) (PSI) affiliate with one HIV grant and reproductive health products for distribution in Nigeria. In 1985, SFH was incorporated as a Nigerian non-governmental organization and in 1994 released the award-winning "Who Get This Rain Coat" Gold Circle Condom/Family Planning campaign on national television. In the late 1980s it went into partnerships with pharmaceutical companies to distribute Gold Circle condoms in Lagos, Oyo and Ogun States, in South Western Nigeria (SFH, 2013).

#### Concept of Reproductive Health Services

Reproductive health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity, in all matters relating to the reproductive system and to its functions and processes (WHO, 1946). *Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so* (ICPD, 1994). Reproductive health care includes having access to a range of good-quality information and services:

- Family-planning counseling, information, education, communication and services, including access to safe and effective contraceptive methods;
- Education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care;
- Prevention and appropriate treatment of infertility;
- Prevention of unsafe abortion and management of the consequences of abortion;
- Prevention and treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions;
- Prevention of harmful practices, such as female genital mutilation; and

- Information, education and counseling, as appropriate, on human sexuality, reproductive health and responsible parenthood (ICPD, 1994).

Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health care services for safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant. Reproductive health is life-long, beginning even before women and men attain sexual maturity and continuing beyond a woman's child-bearing years (Worku and Gebresilassie, 2008).

### Empirical Review

In this section, literatures that are related to the topic under investigation were reviewed. The essence is to see their contributions and weaknesses as it relates to reproductive health in Chikun LGA of Kaduna State or elsewhere. For instance, Bako and Itodo (2017) analyzed the Levels of Infants Mortality in Kaduna State, Nigeria. *Data from hospitals in the Local Government Areas from 2005 to 2014 were analyzed to assess the levels of infant mortality. A total of 400 copies of semi structured questionnaire were administered using purposive sampling technique, of which 386 were found useful for analysis. The results shows that 23.6.2% of the respondents are between the ages of 25-29 years, 36.8% are Hausa/Fulani, 28.8% have attended Secondary school, and most of the respondents (21.8%) have monthly income between ₦30,001 - ₦40,000. The state recorded the highest infant mortality in 2008 and 2009. On the basis of the findings, the study recommends that programme interventions need to focus on mothers with low socioeconomic status. The adolescent girls should be encouraged to go for educational training in schools in order to lengthen age at first birth and reduce child death at first birth order. The political consideration and regional pride should be set aside when collecting data on infant mortality.*

**Kingsley, Charlie and Chidi (2017)** conducted a study titled socioeconomic determinants of under-five children health outcome among childbearing mothers in Abia state, Nigeria. The study examined the socioeconomic determinants of under-five children health outcome with data from a sample of 609 women of childbearing age in rural and urban areas of Abia State. The study utilized explanatory study design involving survey research with a multi - stage sampling technique and a methodological triangulation of both quantitative and qualitative techniques was adopted in gathering the data. The respondents' age was  $32.6 \pm 5.8$  years, 84.6% were married/living together, and 55.0% had secondary education, while 42.7% were in paid/civil service jobs. Incidence of under-five mortality declined sharply as mother's level of education increases. Urban respondents who were in paid or civil service jobs had more incidence of under five mortality compared to their rural counterparts. The likelihood of experiencing under-five morbidity and mortality significantly reduced with higher levels of mother's education (Odd s-Ratio (OR): 0.08) and increased with paid/civil service and farming/petty trading jobs (OR: 2.35 and OR: 2.08, respectively). The outcome of an under-five child's health depends on

socio-economic factors. Maternal socioeconomic factors cannot be employed as a proxy for general social and economic change, but must be examined as important forces in their own rights.

In addition, Bello and Joseph (2014) in a study titled *Determinants of Child Mortality in Oyo State assessed and identified some important determinants of infant and child mortality in Oyo state using Atiba Local Government as a case study*. A total of 150 respondents were randomly selected from the entire populace in the metropolis. Logistic regression method was used to determine the factors that determine child mortality in the region. Findings reveals that out of the major determinants listed, Poverty, Malaria, Postnatal care, Health scheme and Breastfeeding are the major determinants of Child mortality in the state while HIV though catalyses child mortality was not a major determinant. It was therefore advised that policies should be revised for proper implementation and health intervention programmes that focus on mothers and children's health should be strengthened to achieve the Millennium Development Goals (MDGs) of infant and child mortality in the remaining years. In addition, parents economic conditions especially the father should be improved to encourage prolonged breast feeding.

Furthermore, Okeshola and Sadiq (2013) examined the Determinants of Home Delivery among Hausa in Kaduna South Local Government Area of Kaduna State, Nigeria. *The study was set to find out the determinant factors associated with home delivery; examine the socio-demographic attributes of those women who delivered at home and to know the risk factors associated with home delivery. Both primary and secondary data were used*. The study revealed that women who chose to deliver their babies at home were because of financial problems; majority of the Hausa women are not comfortable with male doctors/nurses attending to them in hospitals. It was recommended that Government should make provision for free medical treatment of pregnant women right from pregnancy stage to postpartum stage. The study further recommended that hospital management board should make sure they employ more of female medical personnel in hospitals. This is to enable Hausa women have free mind to come to hospitals and to continue adhere to what their culture prohibited on other men seeing other women's nakedness apart from their wives.

Lastly, Mesike and Mojekwu (2012) in a unique study examined the environmental determinants of child mortality in Nigeria using principal component analysis and simultaneous multiple regression for child mortality modeling in Nigeria. Estimation from the stepwise regression model showed that household environmental characteristics do have significant impact on mortality as lower mortality rates were experienced in households that had access to immunization, sanitation facilities, good and proper refuse and solid waste disposal facilities, good healthy roofing and flooring materials as well as those using low polluting fuels as their main source of cooking.

### **Gap in Knowledge**

Some attempts (Bako and Itodo, 2017; Kingley et al, 2017; Bello and Joseph, 2014;

Okeshola and Sadiq, 2013; and Mesike and Mojekwu, 2012) have been made to examine reproductive health issues. However, Bako and Itodo, 2017; Kingley, et al, 2017; Bello and Joseph, 2014; and Mesike and Mojekwu, 2012 limits their focus to child mortality while jettisoning other aspect of reproductive health. At the other side of the coin, Okeshola and Sadiq (2013) focused solely on determinants of home delivery among Hausa in Kaduna South Local Government Area of Kaduna State; while also sidelining other vital aspect of reproductive health. Also, none of the reviewed study was carried out in Chikun LGA of Kaduna State. Thus, the current study had filled the gap in knowledge envisaged in the aforementioned reviewed literatures by taking a circumspective analysis of reproductive health services; and its impact on the populace who benefitted from the services provided by society for Family Health (SFH) in Chikun LGA of Kaduna State.

### **Theoretical Framework**

This study is anchored on Contract Failure Theory by Hansmann (1987). According to the theory, one major reason for the existence of non-profit (NGOs) in the health and other sectors of the economy have been associated with high quality service provision which arose due to the inability of the government to meet those needs. The Contract Failure Theory has received much attention in the non-profit debate and has been used to empirically test its validity by various researchers. This theory states that information asymmetry has huge influence on people's decision making choices with regard to where they should get their services (Hansmann, 1987). It is however believed that NGOs are trustworthy and therefore provide better quality services compared to for-profit organizations because the non-profits are not profit seeking.

The argument is based on the fact that NGOs are barred from distributing any profits (residual income) to its members according to the non-distribution constraint (NDC) law. This prohibition is assumed to be beneficial to the non-profits as they are able to have more resources to reinvest in the running of their organizations i.e. buying more equipment and training staff. This entails that non-profits are likely to attract more customers than the for-profits because the customers feel assured of getting better services from non-profits than from for-profits. Since the for-profit sector is profit minded they are suspected to be more likely to hide information on quality of their services in order to maximize profits.

On the other hand, Zuidervaart (2000) criticizes the contract failure theory that it "overestimated the trustworthiness" of the non-profits and ignores the incentives these organizations have to lower quality of their services and redirect donations to other uses other than the original intentions (Zuidervaart, 2000). Other scholars have likewise argued that NGO managers can indirectly distribute these profits through huge salaries and other non monetary benefits (Ortmann and Schlesinger, 2002; Salvochea 2008). Considering the scenario where the non-profits are providing their services for free or at negligible amounts, then the question of information asymmetry does not arise. There will be automatic self-selection of customers according to socio-economic status. Those that are poor will definitely go to the non-profits not because of better quality but rather due to affordability. This theory may be more applicable

in developed countries settings where the healthcare system is universal and everyone can afford and choose to go to any provider. In addition, in resource poor countries, the possibility of the non-profits and for-profits competing is quite rare because governments try to regulate where to locate the services to ensure better coverage. This competition is only possible in small sections within the urban setting where one can find the two types of providers working in close range. Apart from this, one may also argue that the for-profits would be more inclined to providing quality services so that they can attract more customers.

Despite the forgoing criticism, it is pertinent to note that the *Contract Failure Theory* is very relevant and critical in laying structure for this paper because it gives credence for the existence of NGOs such as Society for Family Health (SFH). The theory submits that NGOs exist as a result of the inability of those in authority to live up to their constitutional pledges and oath. Under the social contract theory, the citizens choose to submit to the authority of a Sovereign in order to be able to live in a civil society, which is conducive to their own interests. The case in Kaduna state is contrary due to the fact that social service delivery by the government in the area of health is generally poor. This actually necessitated the emergence/interventions of Society for Family Health (SFH) in Chikun LGA of Kaduna State in order to bridge the gap created by the government in meeting the health needs of the citizenry of the LGA.

## **Research Method**

### **Primary Sources**

This study adopted the survey research design. The aggregate population of the study is 160 and using Krejcie and Morgan sampling model (1970), the study arrived at a sample size of 113. Therefore, a total of 113 questionnaires were randomly administered to beneficiaries (Men, Women and Youths) at the General Hospital (GH) in Sabon Tasha, Kaduna State. However, 6 of the returned questionnaires were found unfit and thus declared invalid while 107 were found fit and valid for analysis. One (1) staff of SFH and three (3) health officials were purposively sampled and interviewed.

### **Secondary Sources**

Secondary data were obtained from publications of Federal Ministry of Health (FMH), Kaduna State Development Plan; Ministry of Economic Planning (KSDP), United Nations Development Programme (UNDP), National Bureau of Statistics (NBS), International Conference on Population and Development (ICPD), World Health Organization (WHO), United States Agency for International Development (USAID), United Nations (UN), World Bank (WB), National Population Commission (NPC), Society for Family Health (SFH), Textbooks, Unpublished Dissertations/Thesis and other Online Journals.



**Results and Discussion**

**Table 1.0: Services Rendered by SFH has helped in reducing maternal, infant and under five deaths in Chikun LGA?**

Response	Frequency	Percent
Strongly agree	26	24.3
Agree	64	59.8
Neutral	10	9.3
Disagree	4	3.7
Strongly disagree	3	2.8
Total	107	100.0

**Source: Field Survey, 2019**

Table 1.0 show that 26 (24.3%) respondents strongly agreed that Services Rendered by SFH has helped in reducing maternal, infant and under five deaths in Chikun LGA, 64 (59.8%) respondents agree, 10 (9.3%) respondents were neutral, 4 (3.7%) respondents disagreed while 3 (2.8%) respondents strongly disagreed. This means that the services rendered by SFH have helped in reducing maternal, infant and under five deaths in Chikun LGA of Kaduna State.

**Table 1.1: Health interventions and services executed by SFH are in line with the needs of the people at the grassroots/beneficiaries in Chikun LGA?**

Response	Frequency	Percent
Strongly agree	10	9.3
Agree	82	76.6
Neutral	3	2.8
Disagree	8	7.5
Strongly disagree	4	3.7
Total	107	100.0

**Source: Field Survey, 2019**

Table 1.1 reveals that 10 (9.3%) respondents strongly agreed that health interventions and services executed by SFH are in line with the needs of the people at the grassroots/beneficiaries in Chikun LGA, 82 (76.6%) respondents agreed, 3 (2.8%) respondents were neutral, 8 (7.5%) respondents disagreed while 4 (3.7%) strongly disagree. This simply indicates that health interventions and services executed by SFH are in line with the needs of the people at the grassroots/beneficiaries in Chikun LGA.

**Table 1.2: SFH create awareness in clinics/hospitals on how family can space**

**their babies and provides family with the best chance of having a healthy infant in Chikun LGA?**

Response	Frequency	Percent
Strongly agree	44	41.1
Agree	39	36.4
Neutral	12	11.2
Disagree	6	5.6
Strongly disagree	6	5.6
Total	107	100.0

From table 1.2 above, 44 (41.1%) respondents strongly agreed that SFH create awareness in clinics/hospital on how family can space their babies and provides family with the best chance of having a healthy infant, 39 (36.4%) respondents agreed, 12 (11.2%) respondents were neutral, 6 (5.6%) respondents disagreed while another 6 (5.6%) respondents strongly disagreed. This entails that SFH create awareness in clinics/hospital on how family can space their babies and provides family with the best chance of having a healthy infant. This is supported by the views of the health workers interviewed who opined that the officials of SFH had executed project in their hospital whose focus was to create awareness and sensitize women/men of reproductive health on how best to plan so as to ensure that there is sufficient space before giving birth to another baby. The programme coordinator of SFH in Chikun LGA also submits that enlightenment campaign had been made in the community and via the mass media on the benefit of child spacing by parent of reproductive age.

**Table 1.3: The health intervention and services of SFH greatly improved reproductive health facilities and services in Chikun LGA?**

Response	Frequency	Percent
Strongly agree	21	19.6
Agree	53	49.5
Neutral	26	24.3
Disagree	3	2.8
Strongly disagree	4	3.7
Total	107	100.0

Table 1.3 above shows that 21 (19.6%) respondents strongly agreed that the health intervention and services of SFH greatly improved reproductive health facilities and services in Chikun LGA, 53 (49.5%) respondents agreed, 26 (24.3%) respondents were undecided, 3 (2.8%) respondents disagreed while 4 (3.7%) respondents strongly disagreed. This is an indication that the health interventions of SFH greatly improved reproductive health facilities and services in Chikun LGA.

**Table 1.4: SFH provide contraceptives (drugs, condoms & injectables birth control**

**measure) and other reproductive health services in Chikun LGA?**

Response	Frequency	Percent
Strongly agree	29	27.1
Agree	60	56.1
Neutral	10	9.3
Disagree	2	1.9
Strongly disagree	6	5.6
Total	107	100.0

**Source: Field Survey, 2019**

Table 1.4 above shows that 29 (27.1%) respondents strongly agreed that SFH provide contraceptives (drugs, condoms & injectables birth control measure) and other reproductive health services in Chikun LGA, 60 (56.1%) respondents agreed, 10 (9.3%) respondents were neutral to this assertion, 2 (1.9%) respondents disagreed while 6 (5.6%) respondents strongly disagreed. This also is clear indication of the fact that SFH provide contraceptives (drugs, condoms & injectable birth control measure) and other reproductive health services in Chikun LGA of Kaduna state. The three officials (Programme coordinator and health officials) interviewed also submit that SFH provides contraceptives (drugs, condoms & injectables birth control measure) and other reproductive health services in Chikun LGA of Kaduna state which will help family to spaced their babies and to live a healthier lives.

**Table 1.5: SFH has helped people to have access to safe, effective, affordable and acceptable methods of family planning in Chikun LGA?**

Response	Frequency	Percent
Strongly agree	52	48.6
Agree	40	37.4
Neutral	6	5.6
Disagree	5	4.7
Strongly disagree	4	3.7
Total	107	100.0

**Source: Field Survey, 2019**

Data from table 1.5 above reveals that 52 (48.6%) respondents strongly agreed that SFH has helped people to have access to safe, effective, affordable and acceptable methods of family planning in Chikun LGA, 40 (37.4%) respondents agreed, 6 (5.6%) respondents were neutral, 5 (4.7%) respondents disagreed while 4 (3.7%) respondents strongly agreed. This entails that SFH has helped people to have access to safe, effective, affordable and acceptable methods of family planning in Chikun LGA. The Programme coordinator of SFH rated the contribution of the NGO at 80% which actually contradicted the views of the other health officials who rated it at 60% and 75% respectively.

**Test of Hypothesis**

**H0:** There is no relationship between the SFH programme and provision of reproductive health services in Chikun LGA of Kaduna state.

Data from table 1.1, 1.2, 1.3, 1.4 and 1.5 were used to conduct the non-parametric

chi-square test and this is because the responses and data from these tables were found relevant to providing valid conclusion on the hypothesis. It is noteworthy to state that the chi-square non-parametric was calculated at 5% level of significance with 95% confidence level.

**Table 1.6: Hypothesis Test Statistics**

	Table 1.1	Table 1.2	Table 1.3	Table 1.4	Table 1.5
Chi-Square	216.037 <sup>a</sup>	64.636 <sup>a</sup>	77.626 <sup>a</sup>	107.065 <sup>a</sup>	97.720 <sup>a</sup>
Df	4	4	4	4	4
Asymp. Sig.	.000	.000	.000	.000	.000

Source: SPSS V.20 Output (2019)

**Decision Rule:** The chi-square non-parametric test decision rule states that if the computed value of chi-square or the P-value is greater than the critical value (level of significance, here at 5%), we retain the null hypothesis, otherwise we reject the null hypothesis. Therefore, with computed value of chi-square or p-value of .000, .000, .000, .000 and .000 which together is less than the critical value at 5%, we therefore reject the hypothesis which states that there is no relationship between the SFH programme and provision of reproductive health services in Chikun LGA of Kaduna state. This is a clear reflection of the fact that the various sexual and reproductive health interventions and services of SFH have contributed to the improvement of sexual and reproductive health and wellbeing of families (including women, men and their children) in Chikun LGA of Kaduna state.

Finally, the study reveals that the reproductive health services offered by Society for Family Health (SFH) has contributed to the improvement of reproductive health/wellbeing of families (including women, men and their children) in Chikun LGA of Kaduna state. Insufficiency of funds, ignorance and limited publicity has hampered the SFH from covering a larger number of persons at the grassroots who are desperately in need of the services offered by this NGO.

### Conclusion and Recommendations

Based on the aforementioned, this study concluded that SFH could do more with regards to improved health standards of families in Chikun LGA if supported by both government and other development partners via increased funding; broadening its publicity to remote locations and a rigorous education of the citizenry on the need to adopt the modern family planning techniques.

Consequently, the study recommend that the government and other humanitarian organization (NGOs) should work in conjunction with the Society for Family Health (SFH) through adequate and sufficient financial supports so as to assist Society for Family Health (SFH) in meeting the reproductive health/wellbeing of families (including women, men and their children) in Sabon Gari LGA of Kaduna state. Also, the National Orientation Agency (NOA) and Society for Family Health (SFH) should

embark on adequate publicity and awareness campaign on radio, television, religious houses, newspapers and through village town criers on the availability of range of services offered by SFH and the need for families to take advantage of these services so as to have a healthy and prosperous Family.

#### **Limitation and Guides for Further Studies**

Due to financial limitation, this study only assessed the contribution of Society for Family Health (SFH) on reproductive health services in Chikun LGA alone while neglecting other LGAs in Kaduna State. It has been suggested that further study can be conducted on the efforts of Society for Family Health (SFH) on reproductive health services in the remaining LGAs of Kaduna State; so as to ascertain the successes or failures recorded by the NGO for better services in the future.

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