

INTERNATIONAL REVIEW

NATURAL FAMILY PLANNING



HUMAN LIFE ISSUES

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Donald DeMarco

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**Curriculum Development for
Health Professional Service
Training in NFP and
Its Related Services**

**Michael C. Asuzu,
Offiong E. Odor,
and Chioma C. Asuzu**

Introduction

Modern scientific natural family planning (NFP) forms have been later and much slower in their technical and organized cultural development than contraception. NFP has made remarkable progress in recent years, but there are many areas of service, field application, and popularization in which NFP and its related services need much catching up in relation to the alternative contraceptive approach to family planning, especially in the developing countries of the world. Two of these areas are, first, curriculum development and programs for health professional training for service and research and, second, curriculum development and programs for public (formal) adolescent education in health,

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sexuality, human love, and family life.

Among NFP leaders, there are those who hold (to some extent justifiably) that proper child education in sexuality in the modern world is to be achieved through the quiet and exemplary chaste life and sexual faithfulness of their parents.¹ Experience, however, shows that there is a knowledge explosion in the modern world which includes the area of human sexuality. Average modern life activities in society coupled with a young person's adolescent psychology invariably induce the modern youth to acquire a great deal of knowledge in human sexuality (mostly false), whether we like it or not. It is also true that many modern day adults and parents (especially in the developing world) are very deficient in knowledge of this area of life (for many reasons, including the generation gap phenomenon) in comparison with their children. For this reason, it is easy for children to be influenced by secular humanism in the school or for the child to learn that sexuality is the science of having sexual (coital) intercourse. These children would never learn that this is not so from the chaste life of their parents unless someone, who has had the time to learn that this is what people are being fed, takes the time to explain to the child otherwise and accurately. Formal education is required to identify all the true modern facts about and the threats to proper education in such an important topic as human sexuality and then to teach those facts, both to parents and to their children. Such a program, for example, will need to teach children that *human* sexuality is the sum total of what makes a man male and a woman female, particularly that which makes them biologically, culturally, and behaviorally different from and complementary to each other. It will also tell them that of the 92 or so areas of human sexuality in which men and women are biologically and physiologically different, only 10-20% of these areas are directly related to the act (physiology/psychology) of coitus. Hence, equating coitus to human sexuality, especially contemporary promiscuous coitus, is like learning (inadequately) only 10-20% of the syllabus of life, an exercise bound to produce colossal failure through such technical human disorientation. It is failure in this type of education that produces the failures in modern family life.

In addition to the above, with the widespread sexual revolution, many parents are not chaste or faithful in marriage. Their children, seeking right knowledge and life examples in these areas, need life models and well-informed teachers in responsible human sexuality to affirm them. For these reasons, we believe that not only church-based institutions, but secular-based ones, should develop and deliver services in these areas in the context of universal pro-life, ecologic, theistic, family values. Indeed, more groups are needed from secular backgrounds to teach sexuality, human love, adolescent health, and family life so as to better situate it in the universal, ethical context that it is, rather than the purely religious one which may, in certain situations, undermine its progress and universal acceptability.

In Ibadan, Nigeria, over the last four years, we have developed, in a medical school/teaching hospital setting, a program for an annual three-day adolescent youth congress on health, human love, sexuality, and family life education within a pro-life philosophy. During the same period, we have developed a program for an 18-week, one weekday-release (nonresidential) health professional training in NFP service and elementary research. This program can alternatively be run as two blocks (of two weeks, and then three days of interval, residential program) with at least three months in between the two blocks, for the necessary experience and practice of NFP. The latter program format is to satisfy the needs of trainees from remote hospitals and health service settings who cannot take part in a day-release program.

These programs have been repeatedly evaluated and improved upon, and we have learned from the last participants' evaluations that the latest program formulations meet "all or most" of the needs in the area of adolescent education for 92.3% of the attendants. We present in this paper both of these curricula as well as the format of the test papers for the NFP health professional training course. We believe that they will be found useful by other NFP researchers and practitioners in other parts of the world. We would appreciate comments and suggestions from colleagues in other parts of the world.

The Health Professional Program

This program (table 1), already mentioned in the introduction, has been run as an 18-week, one weekday-release course. This three-month interval allows for the appropriate time for a supervised user-practice of the individual method of NFP of the trainee's choice. This time is enough for attaining couple autonomy in the use of NFP,¹ as well as enough charting and interpretation of NFP signs to test professional knowledge in all the different methods of modern NFP. Since the Ovulation Method (OM) as taught by the Billings is the culturally preferred method of NFP here, it is often the main method actually practiced by our trainees. But they must also produce a personal Sympto-Thermal Method chart for at least two months (in addition to their three months user-chart of the OM) before they can be certified from our center. The charts count for 30% of the marks required to be scored in order to pass in this course, whose minimum pass mark is 60%. The written test is a mixture of objective and multiple choice type questions. The candidates are examined in the four different areas of family planning/NFP as shown in table 2.

The Adolescent Youth Education Program

This program has been the more extensively evaluated of our programs. In 1987, we again conducted pre-congress knowledge, attitudes, and practice studies of the adolescents in relation to certain aspects of the objectives of the course. At the end of the congress, we repeated our usual annual participants' evaluation of the congress, incorporating some before-after questions in relation to the pre-congress KAP studies. This evaluation indicated that the topics of the seminars' lectures covered "all" or "most" of what the over 500 adolescents would wish to know in the area of adolescent health, human love, sexuality, and family life, according to 92.3% of the attendants. More than three-quarters of the participants (78.9%) also indicated that their preferred primary teachers of these subjects should be parents. This was followed by school teachers, health workers (contrary to an expected higher rating over the teachers), religious leaders, and, surprisingly, the mass media, in order of frequency of mention. They also indicated that this program should be organized not only for adolescents but

especially for parents and engaged couples, as they felt that their parents were grossly ignorant in virtually all the topic areas in which the parents would need an expertise in order to be the primary educators of their children. Further suggestions from the children concerning the program were that each lecture should not last for more than 30 minutes, and that, rather, plenty of time should be given for questions and answers during the seminar-discussion sessions. (Of course, they also suggested improvements in the snacks provided at the congress!) During the seminar-discussions, the participants preferred to ask their questions anonymously (written on pieces of paper) or privately, often of the presenter of the topic or a resource person they had come to identify with during the presentation. The participants' ages ranged from 12 to 18 years.

Table 3 shows the topics covered in the adolescent program. It is important to mention that unlike contraceptive, atheistic, sex education ("family life education," as they now euphemistically call it), our lecture on human sexuality deals more extensively with the most important 34 of the 92 or so areas of male-female biological or psychosocial differences and complementarity—such as problem-solving methods, instincts, patterns of intimacy, wisdom-bases, approaches, etc.—rather than on details of coitus which constitute so little a portion of human sexuality. The major coitally related topic discussed, apart from gross human anatomy, is male-female sexual arousal patterns as well as psychosexual disease patterns, and their implications for sexual morality and marital harmony. Different personal, cultural, and spiritual values are identified by name (that is, traditional African, Christian, Muslim, in contrast to secular humanist values) and emphasized as essential human guides for the useful application of one's sexuality. During the seminar-discussion sessions, various Christian and Muslim leaders are invited as resource persons for the purpose of situating the scientific facts of the lecture presentations to the individual youth's socio-cultural background and personal/family values. It is important, however, to indicate that none of our youths indicated his or her value base as being atheistic or secular humanistic.

Discussion

The objective of family planning, as we have learned and evaluated it (even from the secular World Health Organization), is "to promote the health and welfare of the family group." This, of course, apart from helping the family to have children when they desire it (through fertility assistance in family planning) or postponing it when this is the desirable thing to do (birth spacing/limitation), ought to teach individuals and couples how to live a stable family life. A stable family life is not simply a basic necessity for and an indication of the family's mental and social health, it is the foremost condition necessary for attaining the health and welfare of the family. This is especially true for children, whose future happy and confident personality, mental and emotional health, depend on a stable family life. Contraceptive "family planning" and its promoters neither serve nor promote fertility assistance, nor do they consider family stability or the cultural learning necessary for living such a stable life as part of their "family planning" and sexual health services. Indeed, the exact opposite is often consciously promoted. The cultural, moral, and health values—including marital faithfulness and sexual self-control—which would prevent the now pandemic venereal diseases are not in their adolescent "sex education" curriculum nor mentioned in their "family planning" services. Use of the condom, in spite of the condom's well established 4-10 percent failure rate, is taught as a blank check prevention against venereal disease, which, by contrast with conception, is transmissible in every coitus throughout the menstrual cycle! All these facts, including the coercion they employ in many cases, prove that its proponents and practitioners are neither truly interested in "the health and welfare of the family" nor in the society's welfare at large. People who are interested in educating themselves on these political issues in family planning would do well to consult such documentations as *Sex and Social Engineering* by Valerie Riches² from Britian, *All Kinds of Family Planning* by Michael Golden from Nigeria,³ or Espinosa's *Birth Control: Why Are They Lying to Women*⁴ from the USA.

International politics and ideological interests in family plan-

ning and population control are increasing in their geographical coverage. They are also growing more inveterate, totalitarian, and neo-colonialist, especially in the developing world. So is the growing financial investment to achieve their declared and undeclared agenda beyond the direly needed health objectives of family planning, which their services only marginally serve. Because NFP does not serve the unwritten agenda of these neo-colonialist agencies, it is either not included in their services or included for negative propaganda purposes. Because of this situation, NFP—which serves the complete objectives of family planning while simultaneously promoting and ensuring the individual's freedom and rights, and the dignity of persons, couples, and families, protecting them from political and ideological forces—must necessarily grow. Even if NFP does not grow as much in financial support, then at least it should grow in the dedication of its workers, the thoroughness of its education, and the efficiency of its services.

We need to mention again that our adolescent youth congress is held every year as an ecumenical program, soliciting as much financial and moral support and collaboration from traditional African, Muslim, Protestant, and Catholic groups and individuals as possible. Well-known secular humanists or atheists and their organizations are also invited to present their own values regarding human sexuality and family health so that the children may hear about those values from the horse's mouth, as it were. This collaboration has always worked without a hitch, and we believe that it maximizes the success of the congress both in the diversity of the participants it attracts and the ethical messages it imparts in health and social well-being. Some of the data from the 1987 adolescent youth congress have been presented at conferences or published,^{5,6} and more data are being written up for publication in the short term. It is our hope that by sharing these data, programs, and experiences, others may benefit thereby and then, perhaps, give us feedback on their own programs.

Finally, we wish to say that, as much as the presentation of NFP or the pro-life/ecologic values of all human society since antiquity (especially in its modern, scientifically improved form)

has benefitted very much from religious leaders and circles, these values and truths are basic human cultural values and not necessarily "religious." There is, therefore, an urgent need to secularize its presentation in a positive way, at least as complementary to religiously-based presentations. The services presented in this paper adopt and demonstrate this authentic, secular approach. The religious leaders invited to our adolescent congress do not present the scientific facts of the lectures but help the children apply the facts to their individual values in a truly free but value-rich and value-imparting environment. In such an atmosphere, people are free to discover (or rediscover) and own up to their own individual values, without being ignorant of other value bases. Those who decide to change their values on this account may then also do so freely without the lies, indoctrination, or so-called values clarification (values negation) of the neo-colonialist sex propagandists.

What we consider authentic "free value" presentation of human sexuality is obviously not the same as the value-denying or value-suppressing ("value free") climate demanded by secular humanists. By the right use of common sense, we know that no human action is value-free. Every human action proceeds from an internal human value judgement, however minimal. Otherwise, it would be a valueless and, therefore, inhuman action. The continued presentation or demand for a so-called value-free sexuality education would seem, if not definitely dishonest, then at least a symptom of inadequate self-knowledge or immaturity of personhood. Such immaturity leads to self-denial or the refusal (fear) to own up to one's values or one's true motives. A civilized, scientific society has a duty to overcome such a culture of self-denial and self-deception as well as the mass deception that it may produce in others.

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