

Institute for Christian Teaching
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**A CONCEPTUAL FRAMEWORK FOR INTEGRATING CHRISTIAN
VALUES IN TEACHING REPRODUCTIVE AND
FAMILY HEALTH**

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1. INTRODUCTION

Background and scope

The concept of health presently modeled within the perspective of reproductive and family health which emphasizes the biomedical technological approach, naturally has great limitations when viewed from a moral perspective. No doubt, science and technology have made giant strides in our day more than ever and have contributed to our understanding of a great number of phenomena in our world today; and yet does not provide all the answers anticipated in regards to what is truth, and the meaning of life.

One of the areas of human experience that has been influenced by science and technology is health. Health for the individual, family and community has continued to be the theme of most cultures. In fact, human experience has always been closely associated with constant outbreaks of disease epidemics in which some individuals or whole population suffer severe consequences, even death. Within the past ten years, family health, particularly maternal and child health, has evolved to a much broader paradigm^[1,2]. It is now known that women's health encompasses emotional, social, cultural, economic, spiritual and physical well-being. These issues have taken up global proportion and have been further complicated by the impact of population dynamics in various regions of the world, accompanied by attendant deplorable socio-economic events.

Presently, family health and human reproductive issues are occupying central position in bioethics and biomedical technological approach, arousing such debates that seem not to yield much fruit. It seems ironical that with the tremendous advances of science and technology in these times, we still record such high rates of maternal and infant morbidity and mortality, abortion, and unintended pregnancies in our communities^[3,4,5]. Given that such sensitive issues as abortion, single-parenthood, STI/HIV/AIDS, genetic engineering, the possibility of human cloning, in-vitro fertilization, child abuse, female genital mutilation, violence against women, gender-bias and homosexuality, structured within the paradigm of human reproductive and family health, these situations appear to raise serious questions particularly in our generation, as to the out look of the family and consequently the society. This simply means that the human family desires something of better value than it presently has.

The holistic approach preferred by Adventist educational philosophy, which emphasizes the integration of Christian faith and learning, appears to provide the answers needed in this generation. Therefore, there is justification in exploring deeply these areas of concern as it is now recognized that the society in which we live and operate is increasingly becoming dissatisfied with the present situation^[6,7].

As Christian health professionals, we have the responsibility of providing a balanced blending of faith in God, and His principles of righteousness and learning, in the teaching of reproductive and family health which is believed to have great value to our community in restoring full health and dignity to the human family.

This paper has been structured into four sections, beginning with an introduction presenting the background issues. Section two proceeds to delineate the Christian Adventist world-view of health, and the human person in the context of the human ecological model. Section three explores conceptual issues involved with reproductive and family health providing insight into its meaning, and thus elucidating conceptual basis for blending Christian values in the teaching of the subject matter. An integrative model would be used for explaining

how defined variables are related to each other. The last section provides a concluding statement on the value of integrating faith and learning in teaching reproductive and family health.

Statement of purpose

The essay proposes basis for perspective insight and understanding into problems surrounding reproductive and family health, defining conceptual framework for integrating Christian values in teaching reproductive and family health in our institutions. This primarily is intended to serve as suitable vehicle for evangelist thrust for students who would eventually become professionals and members of the community to foster the long awaited change in the mind-set of how these issues are viewed in our communities and the restoration so desired.

2. THE HUMAN PERSON - AN INTEGRAL WHOLE

The different views about human nature obviously when critically analyzed, would lead to different conclusions about who we are, “what we ought to do and how we can do it”^[8]. Therefore, it is of essence in this discussion of integration of faith and learning to establish the biblical Christian worldview regarding the nature of the human person and health.

The Christian World View: The Human Person and Health

James W. Sire^[9] in his book, provided an understanding of the meaning of the concept of worldview. He considers worldview to be a set of presuppositions, which we hold about the basic make up of our world. In other words, worldview is an expression of how we perceive and understand aspects of our existence relating to what is reality, what is the nature of the world around us, who we are etc, based on the philosophical framework that defines our belief and value system.

The Christian worldview, which naturally differs significantly in most aspects to others, as it is derived from the Bible, sets the basis for considering the nature of the human person and health. The Bible clearly declares that God made the human person and He made them of male and female gender, a complement of each other.(Gen. 1:27,28)

The Human Person: The Bible confirms that man is “fearfully and wonderfully made” (Ps 139:14) “in the image of God...” (Gen.1:27). God at creation, gave three gifts to him; namely, *Life* (Gen. 2:7) with this health and the exercise of choice (Gen. 2:16,17), *companionship in marriage* (Gen.2: 18-23), and the *Sabbath* rest, a memorial of God’s creative power (Gen.2:2,3). Life, a vital beginning, may be regarded as a state of consciousness which enables the individual to express fully the intrinsic value of being, with which God has endowed him or her. This “vital force” is what makes him a living soul or being. The account tells us further that at a particular time, an action by the holy couple brought woe and disharmony into the scheme of things and since then we cannot say we are what we were created to be. Thus we inherited a fallen nature subject to sin, pain, disease and death. It is obvious that something is fundamentally wrong with the human person; this is why the redemption plan is in operation to restore him to his pristine status. This restorative process transcends all aspects of his personhood, body,

soul, and spirit: the body imply the physical dimension of man's experience, soul and spirit, his mental and intellectual disposition which enables him to express emotions and also make choices relevant to life and health.

Health: Health is not only a medical issue confined to natural and biological factors which can be addressed exclusively by biomedical interventions. Rather, good health or illness on the other hand, are products, not only of biological constitution (Clinical), but also of how we live and act in our society (culture), and what we do or fail to do (behavioral). The World Health Organization (WHO) has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ^[10]. This definition has been heavily criticized. It has been argued time and time again that the definition of health proposed by WHO seem to be too idealistic as to be realistic and attainable, or a dream, as one writer aptly points out. It is important to note that health, no doubt, is in a continuum, with perfect experience of health just as Adam experienced it before the fall, at the advent of Jesus for the redeemed at one end, and the experience of death whether spiritual or physical at the other end of the continuum (See Figure 1).

This paper therefore proposes a definition of health as an important reference point. Thus Health for the purpose of this discussion is defined as:

A process of continuous maintenance of adaptive balance within the human system which enables an individual to experience complete physical, mental, social, economic and spiritual well being allowing the person attain and express the fullest potentials he or she has been endowed with by God to lead a satisfactory and productive life

This definition regards health as a process of continuous adjustment, a dynamic process within the physical, mental, social, economic and spiritual dimension of man's experience. From this definition we can confidently conclude that the issue of health is multidimensional; recognizing that the human organism function as an integral system in which the physical, mental, social and spiritual dimensions are united in a complex network of relationships. Thus, what affects one dimension invariably influences others. Even within the physical dimension, for example, exists complex integration of many biochemical, neuronal pathways, which must be maintained in a delicate balance as a functional entity. Emerging from these, therefore illness or disease may be regarded as a response of the body system to the disturbed adaptive balance, which may manifest as fever, inflammation, high blood pressure, Schizophrenia, cancer, etc.

Good health is far more than just the absence of illness. Many factors affect our health, including how we live, what we do or fail to do (behavior), the people with whom we choose to interact and the nature of these relationships, the choices we make etc. Feeling unhealthy is not only associated with suffering from an infection or chronic disease, but more often with feeling tired, stressed, overworked, denied fundamental human rights, living and working in a hostile environment, etc. Feeling healthy however, is closely associated with feeling relaxed, productive, creative, useful and resourceful and able to quickly recover from sudden changes in environmental conditions impacting on our being.

Brokenness is an evidence of corruption in our being as a result of sin, which now predispose mankind to disease and death (see fig. 1). The human person now has nature, resulting from the fall, that is weak (Gal 5:16-19) and contrary to what the creator intended originally. (Rom 8:5,6).

The Human Ecological Model of Factors Associated with Reproductive and Family Health.

An ecological perspective is important for providing an understanding and explanation of the multitude of health-related behavioral and underlying antecedents which impact on the human person. Mc Leroy et al (1987) emphasizing the importance of models within the context of an ecological perspective stated that behavior results from the interaction between the individual and the environmental determinants, such as biological, psychological, sociological and structural spheres, which facilitates it. This position enables the researcher to make accurate diagnosis of the underlying social or health problems affecting the community. In health promotion and education, it is vitally important to consider not only the individual and his micro-level factors, but also influential environmental and socio-cultural forces that are involved in generating or facilitating the individual's behavior. (See figure 2)

The individual is the basic unit of the human family who exist within the family structure and finds expression as a member of the family, primarily, and then a member of the community secondarily. Relationships thus exist between the individual, the family, community, the state etc. The individual is similarly influenced by all the components of the human ecological model and such influence is shaped by social, cultural, political and structural forces that act in concert on individuals who are part of the family or groups. Frequently these influences exist at multiple levels.

The family is experiencing tremendous pressures from the community. The great controversy theme makes it clear that two major influences impact on the individual and hence the family, as illustrated by the direction of the white and black arrows on figure 2. These competing influences working through society, its cultures, religion, education and various man-made institutions and are counter-balanced by the authoritative position of God's moral law and redemption plan. (See also figure 4.)

The apparent enormity of the problems confronting the human family gives an impression that the forces of evil appear to be having the day. An analysis of the variables within the human ecological model shows that the problems affecting the family such as gender - based violence, suicide, abortion etc. are created by the social and cultural structures mankind has established for himself. The only remedy is to establish Christian values in our society, through influencing structural spheres that we can establish, such as educational institutions particularly.

2. CONCEPTUAL ISSUES IN HUMAN REPRODUCTIVE AND FAMILY HEALTH

Good health is basic to human welfare and fundamental to social and economic development of any community. The issue of poor health has been observed to be

disproportionate towards developing nations of the world. In recent times more emphasis have been placed on family health issues, for obvious reasons as the human ecological model in the previous section has shown. This is because family and the individuals are recipients of all that the world and its communities have to deliver. The human ecological model provides a diagnostic approach for identifying critical factors influencing reproductive and family health.

Meaning and Scope of Family Health and Human Reproductive Issues.

The family may be regarded as a group of people who are united by marriage, blood or adoption consisting the husband, wife and siblings (natural or adopted) interacting spiritually, socially, culturally and economically. From the human ecological model, it may be observed that the individual person is the basic unit of the family and the family, in turn, forms the basic unit of human social organization. An aggregation of families makes up the community. Therefore in order to influence the community you must first of all influence the family. This is why most health projects at the micro-level adopt the Primary Health Care approach. This health care strategy, I believe, is directed towards the welfare of all in the family.

Perspectives of Reproductive and Family Health: Family Health provides the framework for health care delivery for the family. It emphasizes health promotion activities directed towards pregnancy and childbirth outcomes through antenatal care structured and delivered by health care professionals who are in very short supply in developing countries. The safe motherhood initiative was introduced to address the unacceptably high maternal morbidity and mortality of the eighties especially in developing countries. At the end of the first decade of inaugurating the initiative, the situation had not improved to any significant extent (Kwast, 1998). The emergent socio-economic conditions inducing a social transition within the community seem to have added to the burden and create new health problems. Females are increasingly seen to be involved in new roles as a result of industrialization precipitated by population explosion and economic uncertainties in many regions of the world.

The Socio Economic changes occurring in the family set-up, where the mother has to go out to work implying that she plays multiple role as mother/wife and breadwinner, is the result of a transition emerging from industrialization, population explosion with its attendant economic realities and urbanization. New health problems are seen emerging such as unintended teenage pregnancies, with accompanying abortions invariably terminating in poor outcome, ethical dilemma of use of contraceptives, sexually transmitted infection (STI), HIV/AIDS epidemic which is on the increase in many parts of the world today, homosexuality, suicide, drug abuse and the more pernicious gender-based violence (Population Report, 1998) which is all pervading, seem too overwhelming and needs new emphasis in the training of health care personnel.

Family life education is not widely accepted in many places. (Short, 1998; Briggs, 1998). Parents appear to be apprehensive when this issue is mentioned concluding that it may reinforce sexual promiscuity in their children, if birth control devices and techniques are introduced early in life. However, what these parents fail to realize is that family life education is not limited to the use of birth control devices alone

but prepares the individual to face the realities of life adequately. It also allows the individual to understand the dynamics and implications of “safe sex” and “abstinence” orientation. Further, family life education prepares the individual for healthy gender orientation and perception. These are the explanation parents do not have which has contributed to anxiety and apprehension when the issues are raised.

In many parts of the world today gender issues present new dimensions in health. Presently, the gender issue in reproductive and family health is becoming a challenge to the traditional culture of many societies validating the need for serious attention. All through the ages, women have had to be subjected to the most unspeakable treatment under the context of a male-dominated social order. As a consequence gender preference for male siblings strived, gender violence encouraged, teenage marriages practiced with sexual coercion. The effects of these gender-based violence can be devastating to a woman’s reproductive as well as other aspects of her physical, mental, social and spiritual well being. Physical violence and sexual abuse place homes at risk of infection, unwanted pregnancies, and complications of pregnancies with poor reproductive health outcome. Control over female sexuality implies an early marriage for women, early and frequent child bearing, often while shouldering an active productive role and managing a household plagued by poor living condition. For such women, invariably, births are most probably unsupervised by health personnel and sometimes, repeated abortions may have numerous health consequences such as anemia, pelvic inflammatory diseases (PID), vesico vaginal fistula with urinary incontinence and uterine prolapse. Presently, our health care systems are ill equipped to handle these problems exclusively by a biomedical approach. These problems are basically problems of behavioral consequence emanating from certain fundamental defects in the nature of the human person brought about by sin. In order words, the community as a whole is symptomatically expressing constitutional brokenness of the human person, which requires a holistic approach in restoring the human person and the family to health and dignity.

Conceptual Basis For Integrating Christian Values in Teaching Reproductive And Family Health

A change is anticipated and desirable in the health profile and outlook of the family and its reproductive experience. This change must begin at the individual level just as salvation must bring about a change at the individual micro-level before the family or community is influenced. The present difficulty in providing remedy may not be far from the current strategy which emphasizes the biomedical approach without recognizing the aspects of the human nature (mind-set) to be helped, and culturally set values which do not fully recognize the nature of female, and consequently subject the female to such treatment that expose them to high risk for morbidity and mortality.

The Bible clearly identifies the cause for all violations against the divine standard, whether gender-based violence, homosexuality, adultery, or fornication etc., to be ultimately traceable to the fallen human mind-set of the individual (Rom 8:6-8). This mind-set is what is identified as antecedents to behavior and includes attitudes, beliefs, value system and perception. The issue of health is so important to the individual that Ellen G. White states thus: **“Health is great treasure. It is the richest possession mortals can have. Wealth, honor or learning is dearly purchased, if it**

be at the loss of the vigor of health.” (EGW, 1968:20) The perspective of family health in recent times as elucidated in this paper reveals clearly an unsatisfied global household. The holistic approach preferred by Adventist educational philosophy comprising the integration of faith and learning appears to provide the answers needed, in this generation that has witnessed tremendous strides in science and technology. Integration of faith and learning as Rasi (1996) defines, states that **it is a deliberate and systematic process of approaching the entire educational enterprise from a biblical perspective. It is aimed to ensure that students, under the influence of Christian teachers and by the time they leave school will have freely internalized biblical values and a view of knowledge, life and destiny that is Christ-centered, service - oriented and kingdom - directed.**

The various institutions of learning are the most appropriate locations to introduce population education and family health, from the perspective of change in health profile and definition of Integration of Faith and Learning given by Rasi. Schools represent the most valuable resource for health promotion, especially if it is well programmed. This is because a large population of pupils and students are in elementary, secondary and colleges all over the country who are at certain risk. Therefore, the schools constitute the best place to organize appropriate school health programme to prepare individuals for the larger community to influence the desired change. The best impact is not just teaching health but an integrated approach, whereby elements of faith and Christian values are skillfully blended with learning. Ordinarily, in the school, emphasis is placed on academic and acquisition of diverse skills. Here opportunity is provided for acquiring special skills in assertiveness and ability to successfully delay prompts for premature sexual debut. Since this is not readily acceptable in state schools, our institutions should serve as model institutions to validate that integration of Christian values in the teaching of reproductive and family health is the best option for the full restoration of health and dignity to the human family, with its reproductive mandate in harmony with the Creator’s will for man. Ellen White further emphasizes; “the education and training of the Youth is an important and solemn work. The great object to be secured should be the proper development of character, that the individual may be fitted rightly to discharge the duties of the present life and to enter at least upon the future; immortal life” (EGW.1968: 32).

Explanation of the Integrative Model for Integrating Christian Values In Teaching of Reproductive and Family Health.

“Had education for generations back been conducted upon altogether a different plan, the Youth of this generation would not be so depraved and worthless”, says Ellen White (EGW, 1968:11). The integration of Christian values in the teaching of reproductive and family health may be better understood within the context of the Christian worldview. The explanation would be considered in four stages: (1) the creation, (2) the divine gift to the human family, (3) the fall uncoupled the gift and (4) Integration of value-anchored faith and learning restores the gift. The burden of duty of the Christian teacher is to ensure that the mind of every pupil and student is correctly influenced to develop the mental and moral discipline that will prepare the individual for successful life in the larger society. Therefore, the teacher must understand the dynamics of the model as it is explained below. (See figure 3)

1. **Creation:** From the perspective of the Christian worldview, the eternal Godhead, the father of light and wisdom decided to create mankind in His own image. Through His word, the incarnate Christ (John 1:1-3,14), with the power of the Holy Spirit (Gen 1:2), the world was made with human kind, the crowing glory of God's creation. This principle must form the basis of all other consideration and must be set before the student at all times as the source of all that pertains to life.

2. **Divine Gift to Man:** In the light of the creation of the human person, God gave three valuable gifts to mankind, namely, *Life* (Gen: 2:7) and with this came consciousness of being, health, decision-making and power of choice (Gen: 2:16, 17); *Companionship* (Gen. 2:18,22) and with this gift, the family, community (Gen. 1:28), society and culture to work and learn (Gen. 2:15; 1,29); and lastly, *The Sabbath* (Gen: 2:2,3) and with this, spiritual identity (Ex. 31:13-17), health and peace.

3. **The Fall Uncoupled the Gift:** These gifts were coupled as a whole when it came to human kind. However, as sin entered into the world, the gift became uncoupled. The uncoupling impact of the fall on the gift underscores the brokenness of health bringing death, loss of spiritual identity and all the problems affecting the family and its reproductive mandate such as have been outlined in the paper. These facts should be well emphasized in the teaching of family health. Without the fall, life would have been as God originally intended it to be.

4. **Reintegration (The Gift of God that restores all things):** The fall has greatly affected our ability to exercise the power of choice that God has given us appropriately, hence, the root problem of the human mind-set. The fallen nature of human kind is characterized by imperfect decision-making outcome. The choices we make always bring far-reaching consequences to life here and beyond. Therefore any restorative strategy, which does not recognize this aspect of the human person, cannot restore him or her to his or her pristine estate. The plan of redemption recognizes and accounts for all our actions made through choices we make, hence the theme of choice is seen to run throughout the Bible as these few examples illustrate clearly "choose for yourselves this day whom you will serve" (Joshua 24:15), "Do you not know that to whom you present yourselves slaves to obey, you are that one's slaves..." Rom 6:16 "but Daniel purposed in his heart..." Daniel 1:8. The choice we make and the actions that result from that choice shape our lives, this why salvation is essential in the dynamics of choice and decision-making process.

The educational institutions have been established to culture man with the expectation of producing a person with eloquence of speech and intellectual ability to enable him make well informed decisions on every matter of life. Ellen White writes that "education comprises more than knowledge of books. Proper education involves not only mental discipline, but that training which will secure sound moral and correct deportment" (EGW, 1968:52). A well-structured education will build the attitude (mind-set) and values that shape the individual for meaningful social and spiritual life. This is why the philosophy of structuring learning in the framework of principles of righteousness as revealed in Christ Jesus is believed to restore the holistic nature of the

three gifts God gave to mankind in the beginning (See figure 3). The practice in most public secular institutions is to “exalt intellectual culture above moral training” (EGW, 1968:12) and this is misdirected and would not yield the desired result. “Therefore moral, intellectual, and physical culture should be combined in order to have well developed, balanced men and women” (EGW 1968:27) for service to humanity.

In order for these principles to be of any value, the students should internalize the concepts elucidated in this paper, such that each person would experience the gifts God gave to the human family in its fully restored wholesomeness, a prized possession.

Implementation of Concepts

Through carefully blending Health promotion concepts with Christian principles of righteousness, the paradigm illustrated above can achieve value clarification, acquisition of psychosocial skills in assertiveness, proper education, in which family and population education are included at elementary, secondary school and college levels.

Implementation strategy: The following strategies are proposed for integrating Christian values in teaching reproductive and family Health. Ranking prominently on the scale of factors associated with reproductive and family health, are the issues of human sexuality and related behaviors and outcome, such as sexual promiscuity, premature sexual debut, gender-based violence and bias, teenage pregnancy and abortion etc.

It would be appropriate at this point to emphasize again that the paradigm proposed in this paper would be easy to implement in any Seventh-day Adventist institution considering that the Church has full control over policies affecting its educational system. Implementation is at two major levels thus: the individual level represented by activities structured within the elementary school, secondary school, college; and the community level achieved through collaborative activities between the educational institutions and the Adventist Women’s Ministries (AWM), Adventist Men’s Ministries (AMM) and Adventist Youth Ministries (AYM). However, more emphasis would be placed on the individual level because of the size of students involved.

I At the individual level, a blending of Christian principles and learning, carefully channeled through family life and population education emphasizing the procreative mandate from God, its meaning and purpose, should produce a desirable impact. An important rationale to bear in mind is that human sexuality is an innate characteristic, which enables the individual to exhibit certain biological, psychological and behavioral experience while expressing their individuality as male or female; recognizing that each person is created to serve a function within the framework of the procreative mandate.

Emerging from this thinking, sex therefore exists only within the framework of the marriage institution and this should be emphasized repeatedly. It should be celebrated with sanctity, a gift from God to facilitate two functions: (a) foster and reinforce unity of purpose between spouses (Bacchiocchi, 1996), and (b) procreation.

Every sexual act between spouses should be successful, an act in giving and receiving pleasure. It should be emphasized that violation of these principles brings untold suffering and misery. Similarly, homosexuality is an experience outside the procreative mandate (1 Cor. 6:9,10; Gen. 19:5; Rom. 1:26, 27-30; 1 Tim. 1:9,10) just as adultery and fornication is unacceptable in the Scripture. Another principle that should be featured prominently as we seek to influence a reorientation of the mindset of our students is the biblical position of the "Body Temple Concept" (1Cor.6: 19,30)

Through subjects such as social studies, biology, home economics, religious studies, geography, as vehicles for teaching family life and population education at elementary and secondary school; and health principles, family health and marriage dynamics as stand-alone subjects at college level; Christian values such as temperance, patience, faith, respect for human dignity and being, moral excellence, diligence, purity of thought, and prudence can be taught which would counter negative cultural values (See figure 4). Students should be exposed to practical skills in assertiveness, which should promote abstinence, delay in premature sexual debut prior to marriage. Other communication skills, such as knowing when and how to say "NO" in contemplation of principles taught, in recognition of the casual relationships which exists, and how God would feel when we dishonor Him, should be repeatedly emphasized. Repetition deepens the impression; it is the mother of learning.

Some issues of practical importance would be considered briefly in respect of approaches to be adopted in integrating Christian values in teaching reproductive and family health, particularly at the individual level. The teacher in the classroom can be effective in implementing components of population education program or family life education. Therefore the most important task for the teacher is to role model these values and translate theory into practice.

The teacher needs to be thoroughly knowledgeable because he or she provides adequate information and clarification of values to enable the young mind to develop skills in choice and decisions regarding reproductive health issues such as delay in initiating sexual debut etc. Further, the teacher provides window on God's word to enable the student recognize ethical responsibilities involved in the choices individuals make and encourage adopting moral standards and values that would ensure a happy successful and productive life. As a role model, the teacher needs also to be sensitive, when inspiring changes in worldview of the students, providing affirmation to values that encourage spiritual growth and virtue, and being compassionate and sympathetic to students in situations when views run counter to what is expected.

Here are some methods teachers may adopt in enhancing integration of Christian values in teaching family health - it may include brainstorming, which would allow students to explore concepts and make value judgment at the end. The teacher needs to guide the students to establish high-quality Christian relationship with God that would inspire moral principles which would encourage them internalize the values that would strengthen their decision to prefer abstinence orientation at all times than the "safe sex" orientation. Another approach is to involve other teachers with special interests in Integration of Faith and Learning and skills in reproductive and family health in a collaborative teaching approach.

II At the Community Level, through fieldwork contact activities by college students in the health sciences and Religious studies department and in collaboration with special health promotion ministries of the Adventist Women's Ministries, Adventist Men's Ministries, and Adventist Youth Ministries, these principles can further be used as counseling strategies to transmit Christian values to families and the community.

Institutional Responsibility: There is an urgent need to train Christian teachers to handle the implementation of principles. "A more comprehensive education is needed, an education which will demand from teachers and principal such thought and effort as mere instruction in the sciences does not require. The character must receive proper discipline for its fullest and noblest development" (EGW, 1968: 61)

The curriculum must be carefully developed and integrated with the spiritual master plan of the institution where family health is to be implemented as strategies for proper development of character to enable the individual engage in the duties of this life as a full member of the society.

The training of the teachers using the Integration of Faith and Learning Seminar model developed by the General Conference department of education would be a tool for fulfilling the expertise the teacher needs to accomplish the ideals elucidated in this paper.

4. CONCLUSION

In conclusion, it is refreshing to note that the full restoration of Health and dignity to the human family with its reproductive and procreative mandate in harmony with that which God gave in the beginning has basis in the Scriptures. In recognition of this, the approach preferred by Adventist Philosophy of Education comprising integrating Christian values in the teaching of Reproductive and Family Health is believed to provide the solution needed in this age that is about to witness the Second Advent of Christ (see figure 4). In placing clearly, before the students, the biblical Christian worldview of the human person and health provides the conceptual framework for integrating Christian values in teaching reproductive and family health. Accomplishing this is a commitment the institutions, the teachers and the students must make. However, the greater responsibility lies with the teacher who model and facilitates the internalizing of its concepts in the lives of the students as he carefully integrates Christian values in teaching reproductive and family health.

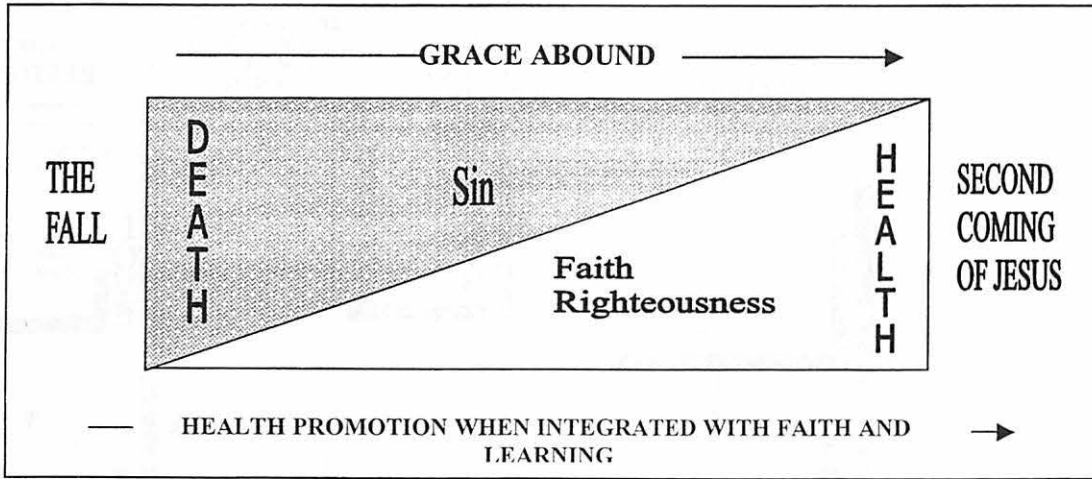


Figure 1: Death-Health Continuum Model

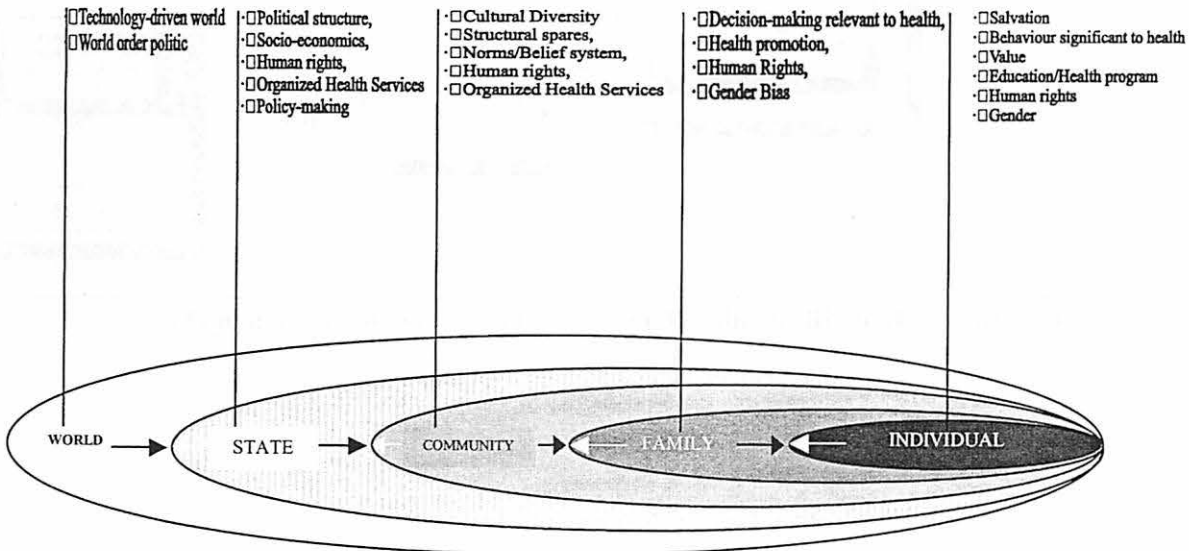


Figure 2: Human Ecological Model of Factors Associated with Reproductive and Family Health. Model Adapted from Heise 1998 and applied in McLeroy's Ecological Model Concept.

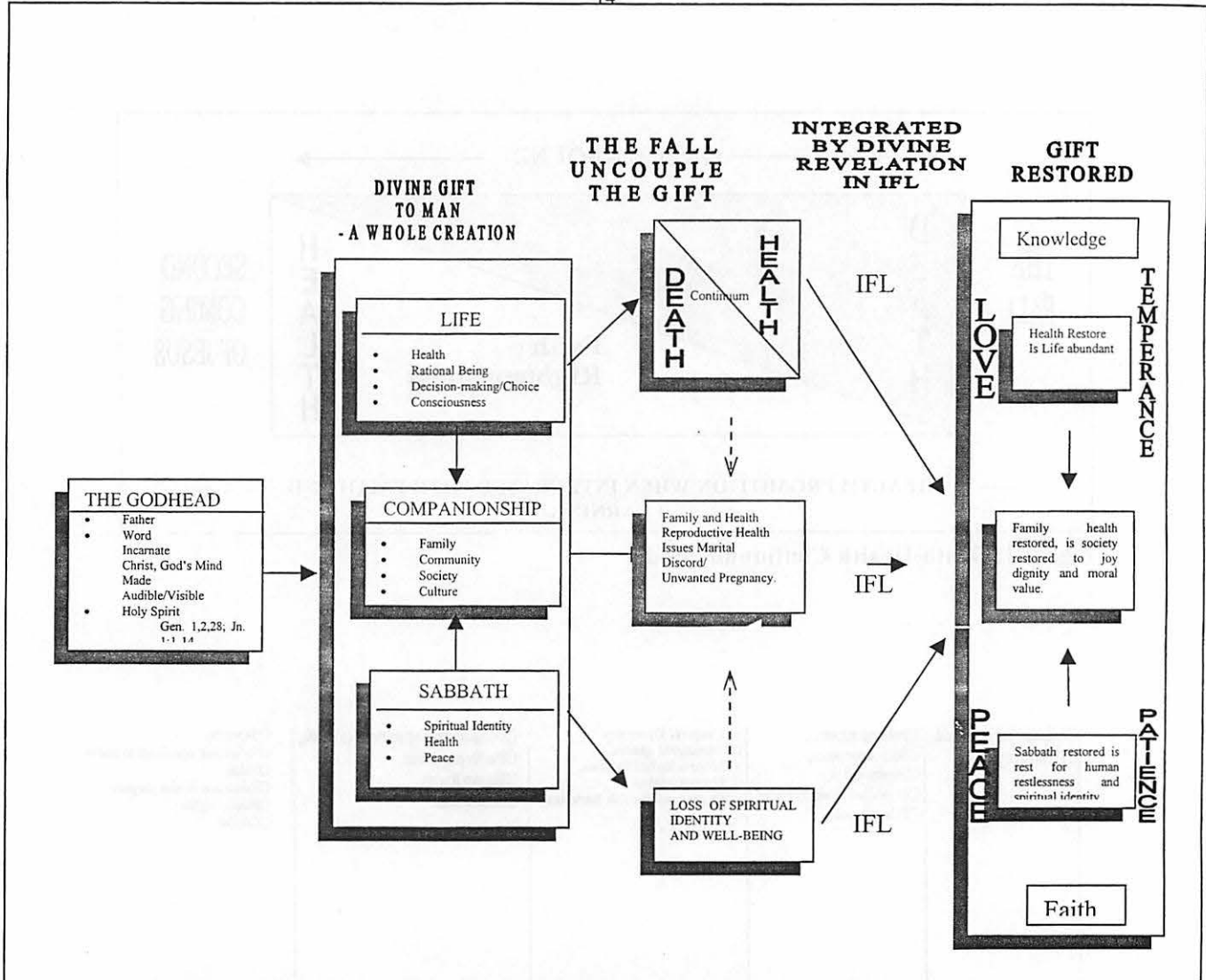
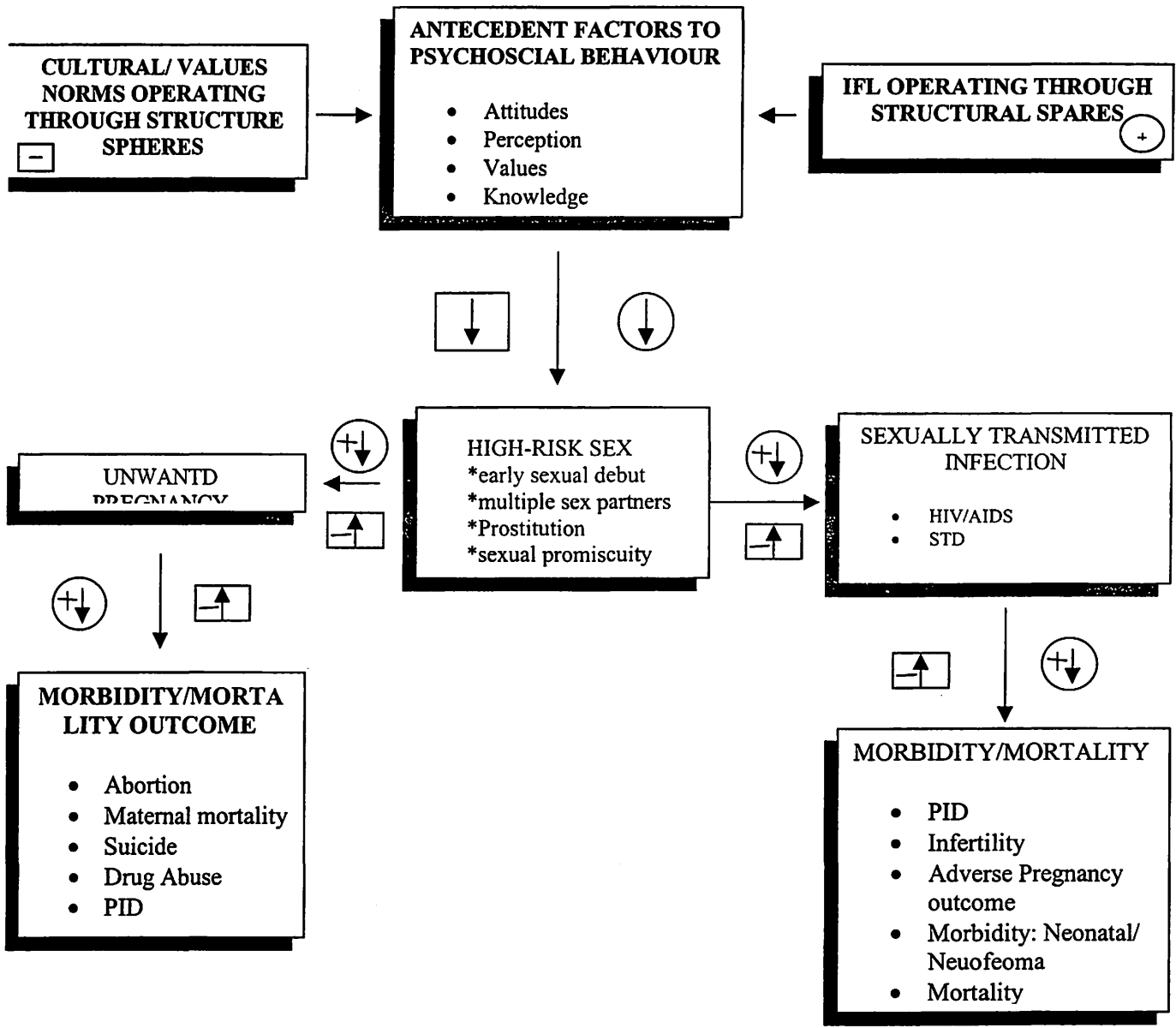


Figure 3: An Integrative Model Illustrating Reintegration by Divine Revelation in IFL.

15



KEY

Positive Impact Reduces Outcome
 Negative Impact Increases Outcome

Fig. 4 Model Illustrating the Competing influence of cultural norms and IFL, operating through structural spheres with their final outcome on

End-notes

- * Except otherwise stated, all Bible references quoted are taken from the New King James Version
1. Affenito, S.G. and Kerstetter, J.(1999). Position of American Dietetic Association and Dietitians of Ganad: Women's health and Nutrition. J. American Dietetic Assoc. 99(6) pp. 738-51.
 2. Levison, S.P. (1996) Multidisciplinary Women's Health Centres – a visible option? Int. Journal of Fertility and Monopausal Studies. Vol. 41(2) pp. 132-5.
 3. Lema, V.M., Rogo, KO, Kaman, RK:(1996) Induced Abortion in Kenya; its determinants and associated factors. East African Medical Journal 73(3) pp.164-8.
 4. Sibley, L., and Armbruser, D., (1997) Obstetric First Aid in the community – Partners in Safe Motherhood. A strategy for reducing maternal mortality. Journal of Nurse – Midwifery. 42(2) pp.117-21.
 5. Kwast, B E. (1998) Quality of Care in Reproductive health programmes: concepts, assessments, barriers and improvements; An Overview. Midwifery 14(2) pp60 – 75 (Abstract.)
 6. Giarrantano, G.,Bustamante, - Forest, R and Pollock C (1999) New Pedagogy for Materinty Nursing Education: Journal of Obstetric, Gynecology and Neonatal Nursing 28(2) pp 127 – 34.
 7. Singh, K.K., Bloom, S.S., Tani A.O. (1998) Husband's reproductive Health Knowledge, attitudes and behavior in Utter Pradesh, India. Studies in Family Planning. 29(4) pp 388-99
 8. Leslie, S. (1987) Seven Theories of Human Nature 2nd Edition. Oxford University Press.
 9. Sire, J. W. (1990) Discipleship of the Mind: Learning to love God in the ways we think. Illinois: Intervarsity Press.
 10. World Health Organization Constitution, 1948

BIBLIOGRAPHY

- Briggs, L.A. (1998) “Parents’ Viewpoint on reproductive health and contraceptive practice among sexually active adolescents in the Port Harcourt local Government area of Rivers State, Nigeria”. Journal of Advanced Nursing Vol. 27 (2); pp. 261 – 6
- Earp, J. and Ennett, S. T. (1991) Conceptual model for health education research and practice. Health Education Research 6(2) pp. 163.
- Edmonds, V. and Scorer C. G. (1966) Medical Ethics: A Christian View. Second Edition Tyndale Press London.
- Ellen, G. White. (1968) Counsels on Education. Mountain View California, Pacific Press Publishers.
- Gulda, G. S. (1996) Obstacles to Community Health Promotion. Social Science and Medicine 43(5) pp. 689 – 695.
- Holmes, A. F. (1975) The Idea of A Christian College Revised Edition (William Berdmans Publishing Company Michigan.)
- McLeroy, K., Bibeau, D., Steckler, A., and Glanz K. (1987) An Ecological Perspective on Health Promotion Programmes. Health Education Quarterly 15 pp. 351 – 377.
- Population Report (1999) Ending Violence Against Women. Volume XXVII (4).
- Samuele, Bacchiocchi (1996), A Christian View of Sex, Dialogue Vol. 8:1
- Short, R. (1998) Teaching Safe Sex in School, International Journal of Gynecology and Obstetrics. 63(Suppl.) 1:SI 47 – 50.