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ADOPTED CURRICULUM
For
NIGERIAN MEDICAL SCHOOLS
On
**SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS.**

Undertaken by:



The Campaign Against Unwanted Pregnancy

The Nigerian Medical School
Sexual and Reproductive Health and Rights Curriculum
as adopted by the
16 accredited Nigerian Medical Schools
in collaboration with
The Campaign Against Unwanted Pregnancy
at a Review Meeting,
22 - 25 February 2001.

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**ADOPTED CURRICULUM FOR
NIGERIAN MEDICAL SCHOOLS ON
SEXUAL AND REPRODUCTIVE
HEALTH AND RIGHTS.**

**UNDERTAKEN BY
THE CAMPAIGN AGAINST
UNWANTED PREGNANCY (The CAUP)
IN COLLABORATION WITH
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BACKGROUND:

The reality of unattainability of "health for all by the year 2000" as was earlier envisaged prompted a revision of strategies that had been in existence for addressing health issues. Prominent among these review processes were the series of International Conferences that held during the last decade of the twentieth century. These conferences includes the:

- World Conference on Human Rights (WCHR) in 1993;
- International Conference on Population and Development (ICPD) in 1994
- Fourth World Conference on Women (FWCW) in 1995 and the ICPD + 5 in 1999.

These meetings noted, among other things, that although the bulk of health-related problems in the world, especially in the developing countries, were often attributed to poverty, illiteracy and lack of resources, there were other contributory factors that had hitherto been overlooked. These factors includes gender inequalities; "neglect" of adolescents and poor efforts at ensuring fertility regulation.

In this regard, there was acceptance of the call for the recognition of "sexual and reproductive rights as human rights, thereby affirming them as an inalienable, integral and indivisible part of universal human rights." It was also agreed that "all health services and providers (should) conform to human rights, ethical, professional and gender-sensitive standards in the delivery of health services, including family planning and related reproductive health services." The implications of this resolve

include affirmations such as: reproductive health care should be accessible to every individual by right; health care providers must upgrade their ethical standards to guarantee these rights as well as ensure their services are gender-sensitive.

These international efforts also called for "Development of integrated service, information and educational programs for adolescents that address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted infections and HIV/AIDS". This necessitates restructuring of existing health systems and development of collaborations to access adolescents and other relevant individuals with information, education, counseling and services that could prevent or control sexuality issues, unsafe abortion, sexually transmitted diseases and HIV/AIDS, among others.

The international framework for action also called for improvement of quality of care through "Ensure (ance) that medical school curricula and health care training include gender-sensitive, comprehensive and mandatory courses on women's health and rights".

The International Medical community has promptly made the initiative for the accomplishment of these objectives. The American Medical Women's Association (AMWA) observing that 'although U.S. medical schools provide adequate training in standard obstetrics and gynaecology services, all too often they fail to adequately cover routine services such as family planning, primary care for infertility, and STI treatment and prevention', developed an AMWA Reproductive Health Model Curriculum. They encouraged medical schools to integrate it into their medical curriculum and place medical students in reproductive health

electives. In its own effort, the Commonwealth Medical Association (CMA) held an Inter-Regional Round Table Conference in Toronto, Canada in September 1996 to identify health-related violations of the rights of women and evolve strategies that could address them and improve the health status of women. The CMA followed this up with a Consultation, held in January 1997 in New York, USA, which sought to know the extent to which awareness and observance by health professionals of ethical principles can help to reduce health-related violations of women's rights. The Past President of the Nigerian Medical Association, Dr. Boniface A. OYE-ADENIRAN, who is also the current CMA Vice-President, West African Region, represented Nigeria at that meeting.

Nigeria is the most populous country on the African continent, with a population of 107 million (1997 estimates). Her reproductive health indices, however, rank among the lowest on the globe: Maternal mortality ratio of over 1000 per 100,000 live births; Infant mortality rate of 73 per 1000; Total fertility rate of 6.2; Annual Incidence of induced abortion of 25 per 1000 women of reproductive age (aged 15-44 years) per year; 7% of married women using modern methods of contraception; HIV prevalence of 5.4%; and; 50% of the women have had genital mutilation.

Nigeria consequently has enormous needs for local implementation of these internationally acclaimed strategies.

Pleasantly the country has favourable plans for the rectification of these problems in the National Health and Population Policies.

There exist sixteen medical schools across the country, each of which currently graduates an average of 100 doctors annually. Endowment of these new and future doctors with improved reproductive health care capability will give a tremendous boost to the country's effort to revamp the reproductive health of its people. Teachers in the medical schools have complained about gross defects in the curricula of these schools will be needed as a first step toward updating them for relevance and impact, as was done in the USA and advocated by the Commonwealth Medical Association.

Campaign Against Unwanted Pregnancy (CAUP), a non-governmental organization that has affiliation with the Nigerian Medical Association, felt challenged about this and undertook a pilot study of Reproductive Health knowledge of medical students and curricula of two Nigerian Federal University Medical Schools. The study "identified a major gap in knowledge among medical students (and revealed that) curricula in current use lack depth and focus more on theoretical and hardcore obstetrics and gynaecology, to the detriment of practical and relevant issues affecting reproductive health and rights."

These observations prompted the CAUP to commission two consultants to undertake a visitation to all Nigerian medical schools with a view to studying their curricula, hold discussions with their respective teachers and evolve a proposed draft curriculum. The proposed draft curricula submitted by the 2 consultants were harmonised at a planning meeting hosted by CAUP at Gateway Hotel, Ota on August 23-27, 2000. The meeting was attended by representatives of WHO, UNFPA, CEDPA, Pathfinder International, Nigerian Medical Association, representatives of Heads of Obstetrics and Gynaecology and Medical Students.

1. SUMMARY OF OBSERVATIONS MADE ON CURRENT MEDICAL CURRICULA:

Between the months of June and August 2000, the two consultants visited sixteen Nigerian medical schools, six in the northern and ten in the southern states, as follows:

- AHMADU BELLO UNIVERSITY, ZARIA
- USMANU DANFODIYO UNIVERSITY, SOKOTO
- UNIVERSITY OF ILORIN, ILORIN
- UNIVERSITY OF JOS, JOS
- BAYERO UNIVERSITY, KANO
- UNIVERSITY OF MAIDUGURI, MAIDUGURI
- UNIVERSITY OF LAGOS, LAGOS
- UNIVERSITY OF IBADAN, IBADAN
- OGUN STATE UNIVERSITY, SHAGAMU
- UNIVERSITY OF BENIN, BENIN
- ABIA STATE UNIVERSITY, AWKA
- UNIVERSITY OF CALABAR, CALABAR
- NNAMDI AZIKIWE UNIVERSITY, NNEWI
- OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE
- UNIVERSITY OF PORT-HARCOURT, PORT-HARCOURT

I. General Observations:

- a) All the medical schools visited have comparable training programmes that span a period of six years.
- b) All the schools employ a training approach that takes the student progressively through an average of 22 specialties/departments. This offers a stepladder style knowledge and skills build up that culminates in the certification of a competent physician.

Recommendation: This fact has to be accommodated in the curriculum design for inclusion of RH, as a number of departments would have one role or the other to play.

- c) All the schools utilize similar training techniques, which include: lectures, tutorials, seminars, essay writing, and research. Practical exercises in form of demonstrations or experiments are also employed in laboratory-based specialties. The clinical courses reinforce knowledge and impart skills through bedside teaching at ward rounds, clinics and the operating theatre.

Recommendation: All these techniques are relevant, depending on the specialty in question, for the full introduction of RH into existing medical schools curricula.

- d) None of the schools has a complete training curriculum that is inclusive of all subjects targeted or taught on their programs. Most have published course outlines, some have hastily compiled outlines and a few have no relevant document.

Recommendation: These important observations need to be fed back to all the schools for redress.

- e) Curriculum reviews are not being undertaken on regular basis, they seem to be prompted by external efforts such as this one or accreditation visits.

Recommendation: This should also be brought to the attention of each institution.

- f) All the schools are yet to have inclusion of most of the topical Reproductive Health (RH) issues in question into their curricula although teaching on some of them appear to be going on.
- g) During these visits it was realized that the initial letter of intent sent to each school on this effort had already generated some discussions towards a curriculum review in some departments, and all the contacts agreed that explicit introduction of these RH subjects into their curricula was overdue.
- h) Some of the teachers are themselves not very conversant with some of the RH issues in question.

Recommendation: There is need to organise a workshop for teachers.

2. Reproductive Health Content:

a) REPRODUCTIVE HEALTH AND RIGHTS:

Teaching relevant to this subject is made by two to three specialties that include: Community Health, Medical Sociology, General Studies, Psychiatry, Pathology, and Medicine.

The subject is taught at the two extremes of the course, at 100-200 and the 600 levels.

b) ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH:

? Paediatrics, Obstetrics & Gynaecology and Psychiatry departments are the three departments most currently involved in giving relevant teaching on this subject. In some centres, Physiology and Community Health also contribute.

? This subject is uniformly taught at 500 Level of training.

c) HIV-AIDS:

An average of seven departments in each centre have played relevant roles in teaching this subject. These include: Microbiology, Pharmacology, Paediatrics, Obstetrics & Gynaecology, Medicine, Community Health and Immunology/Haematology.

The subject is yet to get the prominence it deserves, as there is only occasional specific mention of it in the curricula. It is nevertheless taught to some extent at virtually all levels of the training programme, from 200 to 600.

d) POSTABORTION CARE:

Only half of the Obstetrics & Gynaecology departments have full Post abortion Care services. Some offer MVA services under general anesthesia in operating theatres, some are yet to introduce post abortion family planning, and a few do not have MVA services.

Although they all claim to teach the subject, it is yet to be clearly reflected in their Gynaecology curricula.

None of the Community Health departments has adopted this service in their Primary Health Care facilities as advocated by the WHO.

e) ADOLESCENT-FRIENDLY HEALTH CARE SERVICES:

Pediatric services have by design the most adolescent-friendly services, by virtue of the fact that some of their regular patients are young adolescents. Otherwise this issue has not yet been tackled by the majority of Universities.

'Adolescent-friendliness' of services generated an interpretational problem in the northern states of Nigeria where early marriage is widely practiced, as a number of other medico-social problems that occur within matrimony replace the usual anticipated medico-social problems of adolescents.

ADOPTED SET OF GUIDELINES FOR NIGERIAN MEDICAL SCHOOLS CURRICULUM ON REPRODUCTIVE HEALTH.

The teaching of RH in medical schools will need to address a couple of fundamental issues from the outset. It needs to appreciate the fact that not only is imparting of knowledge (the cognitive) on the students needed, endowment of requisite attitudes (the affective) and transfer of relevant skills (the psychomotor) are crucial for the eventual translation of these efforts to their practice for maximum impact on the community. For these reason the employment of modern teaching techniques and aids are imperative. This implies utilisation of appropriate use of Case Study, Coaching, Demonstration, Discussion, Games, Guest Speakers, Guided Practice, Illustrated Lecture, Individual Tutorial, Individualised Training, Panel Discussion, Role Play, Simulation and Study Trips.

The following presentation is intended for incorporation into existing curricula in an effort to update their Reproductive Health content and ensure that the medical school graduates are adequately equipped to perform their roles in addressing the respective Reproductive health issues when they commence practice in the community.

NOTE: Departments are encouraged to invite experts from other departments to assist in teaching some of the courses.

MEDICAL SOCIOLOGY (200 LEVEL)

Including Human organizations and system; Behavioural and non-behavioural factors contributing to health; Human change processes (biological and psychological) and; Moral and Cultural obligation of

Citizens; culture and Reproductive Health Care, Human rights – including rights of the child, women and other vulnerable individuals; Universal Declaration of Human rights; International Convention on Economic, social and cultural Rights, International Convention on Civil and Political Rights, International convention on the elimination of All forms of Racial discrimination Against Women, human Sexually and Sexual harassment. Convention on the elimination of all forms of discrimination against women. Human sexuality and sexual harassment.

Convention against torture and other cruel, inhuman or degrading treatment or punishment.

Convention on the Rights of the Child.

REMARKS:

- (1) *Involvement of Medical Sociologists, legal practitioner/human right activists in teaching this subject is advocated.*
- (2) *Vulnerable individuals include handicapped, refugees, mentally retarded, people in conflict situations, Immigrants, Asylum seekers, Elderly, Ethnic Minorities, Adolescents.*

PHYSIOLOGY

Reproductive Physiology: Including the male and female reproductive system; puberty; menstrual cycle; menopause; andropause; physiology of coitus; pregnancy; lactation and; contraception.

PATHOLOGY

Forensic Medicine: Including laws concerning medical practice; History and definition; Medical examination/coroner; Medical and Dental council of Nigerian; Medical Defence Unions. Legal issues relevant to reproductive health: Sexual Offences – Rape, Defilement (below 16 years) and incest; Miscarriage and Abortion, consent, Professional secrecy and medical negligence; Legal toxicology; Medical Jurisprudence; Medico-legal reports; the doctor in court; coroner and duties and; Alcohol or substance abuse.

REMARKS:

Involvement of Criminologists in teaching this course is recommended.

MICROBIOLOGY

Medical Virology: Including description, identification, pathogenesis, clinical picture, laboratory diagnosis, prevention and control of Human Immunodeficiency virus (HIV) Pre and Post Screening counseling.

Applied Medical Microbiology: Including Sexual Transmitted Infections, Hospital infections and Universal Infection prevention measures.

HAEMATOLOGY/IMMUNOLOGY

The Immune Response: Including Immunodeficiency states; Blood transfusion and Human Immunodeficiency Virus. (HIV) vaccine (research prospects). Universal Infection Prevention measures, Pre and Post HIV screening counseling.

PHARMACOLOGY

Anti-retroviral Therapy: Reverse Transcriptase Inhibitors (RTI); Including Nucleoside Reverse Transcriptase Inhibitors and Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI); Nucleoside analogues; Protease Inhibitors (PI); and Hydroxy Urea. (Special emphasis on Retroviral Therapy in Pregnancy, Labour and the Newborn).

PAEDIATRICS

Nutrition, Growth and Development: Including Puberty; Adolescence and its problems; Initiation of Sexual Activity; Sexual violence and Abuse and; Harmful Practices – Female Genital Cutting, Forced Early Marriage, and Puberty Initiation rites.

HIV-AIDS: Neonatal Infection; Primary, Asymptomatic or Symptomatic Infections; Prevention and Control.

Rights of the Child: Convention on the Rights of the Child. National Policy on Adolescent Health. Peculiar Problems of the Girl Child.

OBSTETRICS & GYNAECOLOGY

Sexual History-Taking: Effective communication techniques: Barriers to effective communication; Patient-Centred Interviewing; History-taking skills. Patient education: Principles of effective patient education and; patient motivation and behaviour change. Patient counselling: Informed consent; Options in counselling and decision-making and; Managing emotions.

REMARKS:

Liberal use of role Play Demonstration, Case Studies and Guided Practice is recommended.

Adolescent Sexual and Reproductive Health: Puberty and abnormalities; Adolescent Behaviour in Nigeria; Initiation of sexual Activity; Unplanned Pregnancy; Sexual violence and abuse; Harmful Traditional Practices – Female Genital cutting, Puberty Initiation rites, Male Child Preference, Voluntary/Forced early Marriage, Sexuality Education (Including Courtship and Marriage preparation) and Adolescent-Friendly Services. Consequences of teenage pregnancy.

Abortion and complications: Include definition of abortion, causes, types, clinical features, diagnosis, complications, and treatment. Medical and surgical methods of abortion. The provisions of Criminal and Penal codes on Abortion. (The “Abortion Law”), its defects and consequences, Adoption and Fostering, Management of complications of unsafe abortion. Post Abortion Care; emergency treatment of incomplete abortion, including use of the MVA; post abortion family planning and linkage with other reproductive health services.

REMARKS:

- (1) *Full implementation of Post-Abortion Care Services in all training institutions is very necessary for the appreciation of its benefits by the students.*
- (2) *Students should be made to witness ten procedures and have Demonstration and Coaching on Models.*
- (3) *House-Officers should be trained to perform at least three of these procedures during their Obstetrics & Gynaecology rotations.*

HIV/AIDS: Include Epidemiology, Pathogenesis, Clinical Features, diagnosis, Prevention and control, HIV and pregnancy; Prevention of mother-to-child transmission (vertical transmission) and infant feeding. Ante-retroviral therapy, pre and post test counseling management and care (including Home based care).

Sexually Transmitted Infections (STIs): Include Epidemiology, Pathogenesis, clinical Features, Diagnosis Prevention and Control – Gonorrhoea, Chancroid, Chlamydia, Syphilis, Trichomonas, Gardnerella, Candida, Herpes Genitalis, Human Papilloma virus, Pelvic Inflammatory disease and Pubic Lice. STIs and Pregnancy, Delivery of the Newborn. Syndromic and Etiologic Management of STIs. Contact Management.

Safe Motherhood: Include Physiology and disorders of Pregnancy; Objectives and Conduct of Antenatal Care; Normal and Abnormal Labours, and Care; Pain control in Labour; Maternal Morbidity and Mortality; Evidence-Based Emergency Obstetric Care; Postnatal Care; perinatal Mortality; Resuscitation and Care of the Newborn; Exclusive Breastfeeding; Immunisation.

Family Planning: Including History, Objectives, Benefits and conduct of Family Planning; Counselling Technique; Choosing a Contraceptive – Effectiveness, Safety, and Other considerations; Traditional and Natural Methods; Barrier and Hormonal Methods; Intrauterine Devices; Emergency contraception; Sterilisation; and menstrual regulation.

Reproductive Health of Elderly (Including Menopause).

REMARKS:

(1) *Students should watch at least five examples providing each method including the counselling and should have demonstrations and coaching on Models, with role-playing practice for counselling.*

(2) *House-Officers should be involved in the provision of these services during their Obstetrics and Gynaecology rotation.*

Infertility Management: Including epidemiology, Causes and Prevention. Investigation and treatment of Infertility; Frigidity and Erectile Dysfunction, Assisted conception Techniques, fostering and Adoption.

Screening for Cancers: Epidemiology, Causes, Features, Prevention and Treatment of Cancers of: vulva, Vagina, Cervix, Uterus, Ovary and Breast. Self-Examination of breasts. Cervical Cytology, Colposcopy. Visual Inspection of Acetic Acid-Smear. Cervix (VIA) and Visual Inspection of Acetic Acid-smeared Cervix under Magnification (VIAM)

REMARKS:

Students should observe three cases each of Endocervical swab, VIA and PAP smear.

Gender Issues: Including convention on the Elimination of All forms of discrimination against Women (CEDAW); Female Genital Cutting (FGC), Puberty and Widowhood rites; Male Child Preference and Discrimination against the Girl Child; Forced Early Marriage; Wife

Inheritance and Hospitality practices, violence Against Women and Men, Sexual Abuse and women Trafficking.

MEDICINE

HIV-AIDS: Include Epidemiology, Pathogenesis, Features – Primary, Asymptomatic or Symptomatic Infections; Diagnosis; Opportunistic Infections, including Tuberculosis and Candidiasis; Prevention, Management and Control.

Sexually Transmitted Infections: Include Epidemiology, Pathogenesis, Features, Diagnosis, Prevention, Treatment and Control of – Gonorrhoea, chancroid, Chlamydia, Syphilis, Trichomonas, Gardnerella, Candida, herpes Genitalis, Human Papilloma virus, Pelvic Inflammatory disease and Pubic Lice. Syndromic Management of STIs. Contact Management. Etiologic Management of STIs.

COMMUNITY HEALTH

Sociology of the Family: Including Family Structures and Patterns; Marriage and Family Institutions; functions of Families; Family Structures and health. Male Participation in reproductive health issues.

Mental health: Including Prevention and social aspects of mental ill health, including special care, childcare guidance and marriage guidance.

Maternal, Adolescent and child Health: Organization of Preventive and Basic Antenatal, Delivery, Postnatal and Infant Welfare Care; Care and Treatment of School Children and Young Persons in Schools. Special Schools and Training for the Physical and mentally Handicapped.

Primary Health Care: Should be expanded to include **REPRODUCTIVE HEALTH CARE SERVICES** that include the following: Maternal and Child Health Care Services including Breastfeeding; Family Planning, counselling and Services; Adolescent Sexual and Reproductive health; STI/HIV prevention and Services; Adolescent Sexual and Reproductive Health; STI/HIV prevention and control services; Post-Abortion Care Services; prevention and Treatment of Infertility; Male involvement in infertility; breast Self-Examination; visual Inspection of Acetic Acid-smear Cervix (VIA) Cervical Cancer Screening; Adolescent Sexual and Reproductive Health; Harmful Practices. Objectives, Indications and conduct of Patient Referral.

Epidemiology and Data Management:

Sexuality Education. i.e. Courtship, Marriage Preparation; Assertiveness, Negotiative Skills, Responsible Parenthood, Sexual orientation, Roles, Values Clarification; Safe Sex Practices; Frigidity Erectile Dysfunction); Family Planning Methods, Health Insurance Scheme, Administration, Management (man, money and Material) National Population Policy and sustainable development and Population Development.

REMARKS:

Each student should be supervised to perform counseling of two family planning clients, insert two IUCD and perform tow VIA.

PSYCHIATRY

Review of Life cycle and Personality Development: Including Structure of personality; dynamic concepts; Infancy, Childhood, Adolescence, Adulthood and Maturity.

Sexual Orientation: Heterosexual, Homosexual (a Lesbian is a Female Homosexual) and Bisexual.

Sexuality Education

Common Sexual Behaviours: Masturbation.

Sexual Intercourse: Penile vaginal sex.

Oral sex (Fellatio – When performed on a man. Cunnilingus - when performed on a woman).

Anal sex/Anal, Rectal and Prostrate stimulation.

Psychosexual Disorders: Including Gender Identity Disorders; Transexuality; Paraphilias; Fetishism; Transvestism; Zoophilia; Frigidity; Paedophilia; Sadomasochism; Indecent Exposure and exhibitionism; Erectile Dysfunction, Rape, Defilement and Incest.

Child and Adolescent Psychiatry: Including Examination of the child; Adjustment Reactions of Infancy; Adjustment reactions of childhood, Hyper Kinetic Reactions; Adjustment Reactions of Adolescence; Delinquency; Neurosis; Infantile Autism; Enuresis; Encopresis; Sleep walking; Development Disorders; Brain-Fag Syndrome; Problem of Privileged Youths.

Forensic Psychiatry: Including Hospitalisation and Law; Competency and civil rights; Habeas corpus; right to Treatment; Malpractice and; Criminal Responsibility Competence to Stand trial. Asylum or Prison. Mental Hospital.

SURGERY/UROLOGY.

Male Sexual and Reproductive Anatomy and Physiology.

Contraception:

Surgical contraception: Vasectomy.

Fertility.

Sexually Transmitted Infections.

Reproductive Tract Cancer: Prostate and Testicular.

Erectile Dysfunction, Male Infertility; Reproductive Health of Elderly Person – Andropause.

MEDICAL ETHICS.

Guiding Principles on Medical Ethics and Human Rights: Including History and Philosophy; Case studies from files of Medical and Dental Council; Relationship between religion, Socio-Cultural Values and Medical Ethics.

Respect for Persons: Including Respect of: Personal integrity (use of Chaperons). Conscientious, Moral or Religious Beliefs of Persons; Own Beliefs; Treating Patients as persons not as cases.

Health Care of Vulnerable and disadvantaged Groups: Including Children; Adolescents; Women; The Elderly; Refugees; Ethnic Minorities; Asylum Seekers; Indigenous Peoples and Immigrants.

Confidentiality.

Requests By Third Parties: Including Pre-employment Medical Reports; court Orders to Disclose Confidential Medical information.

Parents Right to Information.

Counseling (Knowledge and Techniques).

Informed consent to Medical Interventions

Medical Emergencies

Medical Attendance upon persons held in detention

Competence to practice.

Relationship with health professional colleagues, Other Health Workers and Traditional Healers/Birth Attendants.

Responsibility to the Community.

Health Promotion and Preventive Medicine

Transplantation

Medical Research

The six Human rights Instruments related to "The Right to Health".

- (i) International Covenant on Economic, Social and cultural rights.
- (ii) International Covenant on civil and Political Rights.
- (iii) International convention on the elimination of All forms of Racial discrimination.
- (iv) Convention on the Elimination of All Forms of discrimination Against Women.
- (v) Convention against Torture and other Cruel, Inhuman or Degrading Treatment of Punishment.
- (vi) Convention on the rights of the Child.

Others:

Extended Family; Polygamy (Polygyny and Polyandry), widow Inheritance and Structural Adjustment Programs.

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NIGERIAN MEDICAL SCHOOL CURRICULUM REVIEW MEETING ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS 22 - 25 FEBRUARY 2001

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