

**THE 2022 AUWAL SHANONO/OCI FOUNDATION
LITERARY AWARD FOR MEDICAL STUDENTS
(LAMS)**

TITLE

**THE OCI FOUNDATION'S ANTI-CERVICAL CANCER BILL:
RATIONALE, POTENTIAL OBSTACLES AND SOLUTIONS TO
THE INTEGRATION OF ANTI-CERVICAL CANCER
TEACHINGS INTO THE SECONDARY SCHOOL
CURRICULUM IN NIGERIA**

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**ESSAY WORD COUNT: 1499 WORDS (EXCLUDING THE COVER PAGE
AND BIBLIOGRAPHY)**

REFERENCE FORMAT: HARVARD STYLE

“Adolescent health is a smart investment: not only will it improve health and survival in short term, it will bring benefits for the future generation.” – Valentina Baltag

INTRODUCTION

Cervical cancer is globally the fourth most prevalent cancer among women with an estimation of 604,000 new cases and 342,000 deaths occurring in low- and middle-income countries in 2020 (World Health Organization [WHOa], 2022). Undoubtedly, early detection and prevention of cervical cancer, mostly caused by sexually-transmitted Human Papilloma Virus (HPV), is an effective way for sustainable health. Prevention, they say, is better than cure. But can people prevent what they have no absolute knowledge about? Therefore, the alarming reoccurrence of the cancer of the cervix in Nigeria has filliped the OCI (Oyebuchi Chris Ifediora) foundation to champion a Bill at the National Assembly to introduce anti-cervical cancer teaching as a compulsory subject into the curriculum of all senior secondary schools in Nigeria. The Bill, as part of the OCI foundation’s “Arm Our Youth (ArOY) Anti-Cancer Health Campaign”, scaled through its first reading in the House of Representatives on March 2022 (Itua, 2022), portending a light at the end of the tunnel for the initiative.

However, as a novel and unprecedented scheme in Nigeria, nobody knows what the future holds for the life-changing initiative designed to change the narrative about cervical cancer as early as the secondary school level. Hence, it is necessary to dissect its rationales and prescribe solutions to its potential obstacles.

THE RATIONALES FOR THE INTEGRATION

Firstly, the cases of cervical cancer have climbed up the ladder in Nigeria as the second most common cancer between women aged 15 and 44 years, indicating the highest number

worldwide with an annual record of 12,075 cases and 7,968 deaths (WHO, 2022). Knowing that the life-threatening disease starts in adolescents puts a spotlight on Nigerian secondary schools, where most mid-teens between 15 to 19 years are schooling. Early empowerment of these students will reinforce them and have a chain-reaction effect on our society as they have mothers, aunties, sisters, friends and at some point in their lives, wives and daughters to pass the knowledge on to.

In addition, sexually-transmitted diseases and early-age sexual intercourse are some factors that contribute to cervical cancer. And talking of sex, 15.6% of 15-year-old Nigerian females have had sexual intercourse compared with 2.9% of males of the same age (HPV Information Centre, 2021). There is no gainsaying that females become sexually active earlier, with as many as 51.7% of them already becoming sexually active before 20 years (OCI Foundationa, n.d). Although premarital sex is against our religions and cultural beliefs, it does not change the fact that teenagers in secondary schools engage in it. Sadly, it is a reality we have to live with to know how to solve the problem of cervical cancer from the grassroots. Still, in this case, all roads lead to Rome.

Another justification is the low level of awareness in secondary schools. Ifediora and Azuike (2018) conclude a poor overall knowledge of cervical cancer in 432 female secondary school students in south-eastern Nigeria as 42.7% knew about cervical cancer and 32.8% about its screening. Considering that about 72.8% of Nigerians aged 15 to 24 years are literate (OCI Foundationb, n.d), it becomes crystal clear that the integration of anti-cervical cancer teachings, advocated by the ArOY campaign, into the senior secondary school curriculum is justifiable. Likewise, it is a giant step toward alleviating the rate of cervical cancer in Nigeria. Before the final approval of the Bill, it is crucial to dot the i's and cross the t's concerning the potential stumbling blocks for the initiative.

THE POTENTIALS OBSTACLES

The lack of funds tops the list as a big challenge which can grapple the ArOY health campaign to spread its arms across all secondary schools in Nigeria. Building screening centres, commissioning Gynocular kits and distributing materials on anti-cervical cancer for students are costly and require sustainable funds.

Apart from the financial constraints, lack of corporative support and absence of networking are also among the dwindling factors of non-governmental organizations (NGOs) as they usually compete with one another (Alonso, 2017). In light of this, the OCI foundation, as an NGO and non-political organization, may receive a cold shoulder from other indigenous organizations. That is because some organizations may doubt the initiative's sustainability and potency to mitigate, all-encompassing, across all the targeted schools in Nigeria without leaving behind any trail of broken commitments or unfinished projects.

Moreover, female students tend to shy away from participating in anti-cervical cancer activities because they are in mixed schools with male students. Also, during the class, they may find some questions sensitive and personal to answer in the presence of their colleagues. And this will affect the veracity of their answers. Jonathan and Iruloh (2017) find that 76% of female senior students in a secondary school in River state are shy, while the rate reduces to 43% in the junior class. With that, the result will most likely increase if anti-cervical cancer is factorized into the equation.

Additionally, Nigeria's cultural and religious diversity can set a barrier for the OCI foundation to intervene deeply in all Nigerian secondary schools because most religions and cultures consider female genitals sacred and profane to be addressed in public. Similarly,

emotional barriers such as fear or social stigma and social barriers such as lack of support from family may pose obstacles like Kim et al. (2019) identify in the cervical cancer prevention education for Asian adolescents.

THE POSSIBLE SOLUTIONS

It is within a province of a belief that the ArOY project is a “smart investment”, but that will not solve anything if there are no actions to support the claim. Thus, the OCI foundation should take the bull by the horns by seeking more partnerships with other organizations at the state and federal levels. Also, it should reach out widely to neighbouring health-driven institutes in Africa and other continents across the globe for funds and support. As a Nigerian-Australian and Harvard-endorsed organization with thumbs-up from indigenous foundations like the First Ladies Against Cancer (FLAC), these accolades can be capitalized to attract more hands on deck.

Furthermore, understanding why female students may shy away from participating in anti-cervical cancer exercises is not rocket science as the exercises deal with female genitals and, in some cases, their private lives. Therefore, creating a comfortable environment for screening and question-and-answer sessions handled by competent-looking examiners or teachers will boost students' confidence to respond appropriately to the exercises. In mixed classes, well-detailed animations or anatomical mannequin that does not incite eroticism should be adopted as a demonstrator instead of students. That will create an educating class environment and spur the understanding of students. A study conducted among 189 secondary school students in southwestern Nigeria proves that using computer animation increases the academic performance of the students in biology subjects (Aremu and Sangodoyin, 2010). The same thing, unequivocally, applies to the anti-cervical cancer subject as it is biology-based.

As Nelson Mandela rightly put it; “If you talk to a man in a language he understands, that goes to his head. If you talk to him in his own language, that goes to his heart.” Cultural and Religion diversity are factors that the initiative must consider when reaching out to the students. The ArOY delegates should be a handpicked group of people portraying cultural diversity based on the type of schools and locations. For example, in my secondary school, after a Friday prayer and the fifth day of a blood-donation foundation's school outreach, my Muslim colleagues volunteered to donate their blood after they saw one of the medics—the only Muslim present—pray with them in the mosque. Today, such sentiment is still happening in our society.

Likewise, there needs to be a provision of handbooks for the students written in simple English with illustrative pictures on anti-cervical cancer. A homework part should be made engaging and carry other family members along by creating pages where they can evaluate their knowledge about cervical cancer and its preventive measures. The handbook will be like a hard copy of the OCI CERVIBREAST smartphone application for students who cannot use smartphones because of their frivolous engagement on social media.

CONCLUSION

Integrating anti-cervical cancer teaching into the secondary school curriculum has been established as the way forward to end the problems of cervical cancer in Nigeria. Also, the essay discussed the rationales, potential obstacles and solutions for the integration. Adolescents in secondary schools are like fertile land to sow the seed of knowledge to fight cervical cancer. As adults, they will yield a spill-over that will change the narrative of cervical cancer in Nigeria. Therefore, while we keep our fingers crossed concerning the integration, individual and collective efforts with unwavering support from different organizations are needed as an impetus for the

ArOY health campaign, for we rise by lifting others. The sooner we realize how expedient it is to; arm them young, arm them all, and arm them now, the better for our nation.

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