Essay 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

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Introduction

Cervical cancer is a life-threatening disease that is wreaking havoc on women worldwide. With breast cancer (38.7%), cervical cancer accounts for 55.1% of cancer cases in women in Nigeria¹. To stem the tide of cervical cancer in the country, the Onyeabuchi Chris Ifedora (OCI) Foundation facilitated a bill to introduce anti-cervical cancer education into the Nigerian secondary school curriculum². This essay explains what the Bill is about, why anti-cervical cancer education should be integrated into the Nigeria senior secondary school curriculum and highlights the factors that could influence the integration.

Cervical cancer in Nigeria

Coming down with cancer of any shade is not a pleasant reality for anyone, but for women in Nigeria, the cancer burden is high and particularly deadly. Sixty-six percent of cancer cases recorded in Nigeria between 2009 and 2010 occurred in women³. About 7 in 10 women diagnosed with cancer in Nigeria died in 2021⁴. Diagnosis is often late and at a point where interventions are more palliative than curative. Treatment is also expensive. Beyond these factors, Nigeria's estimated cancer burden and mortality could be underrated, as some patients seek treatment from traditional healing homes and religious centres rather than hospitals⁵.

The country's high cancer burden and mortality, despite a control plan, indicates a problem. Nigeria is one of the nine countries in Africa with policies against cancer⁶. The government, for instance, has a National Cancer Control Plan (NCCP) for 2018 to 2022⁷. It outlines seven priority action areas to reduce the incidence and prevalence of cancer in Nigeria. However, there are gaps in the implementation of this plan, such as funding, access to care, and integration and coordination with other federal and state health programmes³. These gaps create a need for feasible, scalable, and sustainable alternatives to prevent and reduce cancer incidence⁸, especially in Nigeria⁹.

OCI Foundation's Anti-Cervical Cancer Bill

The OCI Foundation's Anti-Cervical Cancer Bill is a legislative proposal to introduce antibreast and cervical cancer education into the curriculum of secondary schools in Nigeria. The Bill was initiated as part of the foundation's Arm Our Youths (ArOY) Health Campaign. The ArOY campaign kicked off in 2019 to reduce the burden and stigma of breast and cervical cancer in Nigeria^{2*}. To achieve the three strategic aims of the campaign, the OCI Foundation facilitated the introduction of the Anti-Cervical Cancer Bill at the Nigerian House of Representatives.

The objects of the Anti-Cervical Cancer Bill mirror the aims of the ArOY campaign. One, they recognize the adoption of its tenets "as a novel, wide-reaching, cost-effective and sustainable way of tackling the two cancers." Second, the Bill aims to raise the number of secondary school students with an accurate understanding of the risk factors, early symptoms, and preventive measures for breast and cervical cancer. The provisional target is to equip more than 80% of students taking the course with sufficient knowledge within the first 12 months of implementation in each cohort. Third, by increasing students' understanding of the two cancers, the Bill aims to get at least 50% of students to perform monthly breast self-examination (BSE) within the same period. The final goal of the Bill is to sustain the gains made via the campaign through consistent and progressive teachings to students across the three senior classes in secondary schools.

The rationale for the OCI Anti-Cervical Cancer Bill

Schools are a great place to initiate health promotion programmes. More than 62% of Nigerians above age 15 are literate¹². Therefore, school-based interventions could reach many young women at risk of cervical cancer. Studies within and outside Nigeria show that educational interventions improve women's knowledge of cervical cancer, risk factors, signs and symptoms, and prevention**; these interventions only need to be repeated or sustained long enough to reduce the burden of cancer in the country.

In the case of cervical cancer, it helps to target at-risk individuals very early. Early age at first sexual intercourse is strongly associated with an increased risk of cancer¹⁵. In Nigeria, the median age of women at sexual debut is 16 years; more than 45% of women report having their first intercourse before age 15 and 17¹⁶. Students in senior secondary schools are within this age demography¹⁷ and are at an increased risk of contracting the human papillomavirus (HPV), the causative agent of cervical cancer.

In addition, most of these women do not know that cervical cancer is associated with sexual exposure⁹. A 2017 study showed that more than 70% of female senior secondary school students in South Eastern Nigeria have never heard of HPV: only 30% knew about its transmission through unprotected sexual intercourse¹⁸. This low awareness of cervical cancer makes women liable for contracting HPV and developing the disease.

Therefore, targeting young women in senior secondary schools presents an excellent opportunity to educate them against the risk factors for cervical cancer and improve their knowledge, attitude, and practices against the disease. Anti-cervical cancer education will motivate young women to undergo cervical cancer screening and vaccination against cervical cancer.

Potential obstacles to the integration of anti-cervical cancer education into the senior secondary school curriculum

Integrating anti-cervical cancer teachings into Nigerian secondary schools will not be a walk in the park. Of course, NERDC can develop the curriculum and pass it on to schools; the challenge emerges when it is time for the schools to adopt the curriculum in their operating processes.

The first obstacle is funding. The NERDC needs to organize workshops for educators and stakeholders who prepare to learn materials for the course and for teachers who deliver the learning materials to students. Schools need competent staff and learning aids, such as 3D anatomical models, to teach the lesson effectively. However, budgetary allocation to education in Nigeria is below the benchmark recommended to deliver quality education¹⁹. Insufficient funding creates a financial strain on schools, education ministries, and agencies to mobilize personnel and material resources for implementing anti-cervical cancer education in senior secondary schools.

Another potential obstacle is the availability of quality teachers to present anti-cervical cancer education to students. Many science teachers in Nigerian secondary schools do not understand the subjects they teach and may not deliver their lessons effectively²⁰. A recent study showed that civic education teachers do not engage in lifelong learning to keep up with the demands of the subject, nor do they engage their students as well as they should²¹.

Furthermore, schools may struggle to integrate anti-cervical cancer education into their already packed curriculum without undermining the teaching of other relevant topics in the same subject. It is already difficult for educators to fit classes into their timetables, allocate time for them, and cover the syllabus for each term. Introducing new topics for anti-cervical cancer education could be an additional challenge.

Recommended solutions for the integration of anti-cervical cancer education into the senior secondary school curriculum

Developing and integrating courses into secondary school curricula is often a top-to-bottom affair in which government ministries establish the policies and send them down to schools and educators to implement. However, for anti-cervical cancer education to be integrated successfully into the senior secondary school curriculum, teachers, proprietors, and administrators involved in the day-to-day running of the schools should be included in the development of the curriculum. The inclusion would improve the chances of its successful implementation.

Secondly, the government should leverage webinars and online classes to train the trainers; that is, to train teachers who will go on to teach their peers and students. For instance, anticervical cancer education content should be prepared and made available as videos and downloadable documents for the guided, self-paced education of teachers and other related stakeholders. Virtual education will thus reduce the cost and time needed to integrate anticervical cancer education into the secondary school curriculum.

Moreover, the government can partner with non-governmental organizations and donor agencies to train teachers, donate learning materials to schools, or provide them at subsidized costs. This public-private partnership will help schools unable to access ICT facilities implement anti-cervical cancer education curricula in their schools. On the other hand, the school can engage government-approved laboratories and hospitals for cervical cancer screening and vaccination as part of extracurricular efforts to translate the knowledge into practice.

Conclusion

Cervical cancer is an existential threat to women in Nigeria. For many, to contract cervical cancer is to unwittingly sign up for a slow, painful death. Government control measures are laudable yet inadequate and relatively inaccessible. Alternative measures like school-based interventions present a simple yet effective step that could turn the tide against cervical cancer. The OCI Foundation's Bill to introduce anti-cervical cancer education into the secondary school curriculum is the right step in this direction. However, for the Bill to be integrated successfully, obstacles in terms of funding and human and material resources need to be removed. At the same time, stakeholders could leverage technology and partnerships to smoothen the process. The road is cervical cancer eradication is long, and Nigeria's means are small. But with innovations like the OCI Foundation's Bill, Nigeria may attain the impossible.

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