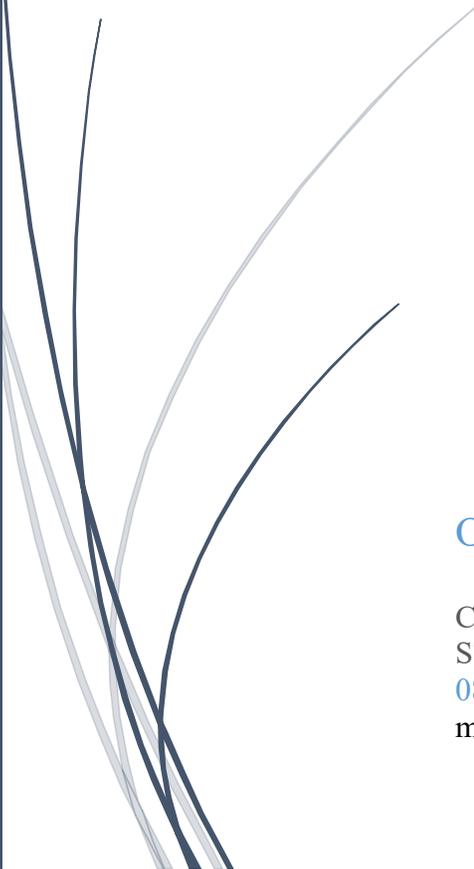




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THE OCI FOUNDATION'S ANTI
CERVICAL CANCER BILL:
RATIONALE, POTENTIAL
OBSTACLES AND SOLUTIONS TO
THE INTEGRATION OF ANTI-
CERVICAL CANCER TEACHINGS
INTO THE SENIOR SECONDARY
SCHOOL CURRICULUM IN
NIGERIA

BENUE STATE UNIVERSITY MEDICAL STUDENT
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INTRODUCTION

In late 2020, Gloria Lawal lost her friend after 3 years of battling cervical cancer. She later admits to not having heard of the disease up until her friend's death (1). The scary part is she is not the only one.

With increasing incidence of cervical cancer in developing countries, efforts are being intensified to create awareness of the disease quickly and more efficiently. A rise in awareness has been established to create receptiveness to ongoing preventive measures targeted at ensuring global eradication of the disease (2). Among such efforts is the OCI (Onyebuchi Chris Ifediora) Foundation's Anti Cervical Cancer Bill for the inclusion of anti-cervical cancer teaching in the senior secondary school curriculum to curb cervical cancer in Nigeria. However, is cervical cancer really a bane worth the conversation?

CERVICAL CANCER: A MENACE ON RAMPAGE

Cervical cancer develops in a woman's cervix (entrance of the uterus from the vagina) and almost all cases (99%) are linked to infection with high-risk HPVs (Human Papilloma Viruses) commonly transmitted via sexual contact (3).

Globally, cervical cancer is the fourth most common cancer among women with an estimated 604,000 new cases and 342,000 new deaths in 2020: about 90% of these occurring in developing countries (4). Putting into perspective, the Director General of the World Health Organization, Dr. Tedros A. Ghebreyesus said "One woman dies of cervical cancer every two minutes, making it one of the greatest threats to women's health" (5). It is the second commonest female malignancy and the second most common cancer in women aged, 15-44 years in Nigeria (6). About 56.2 million women aged 15 years or older are at risk of developing cervical cancer with 12,075 Nigerian women diagnosed annually and 7,968 dying of the disease (7).

Most HPV infections may resolve spontaneously with no symptoms but persistent infections can cause cancer (4). The malignancy presents varying symptoms depending on the stage of the cancer but abnormal vaginal bleeding, offensive vaginal discharge, post-coital bleeding, abdominal pain and in late stages vesico-vaginal fistulae are common (8).

The OCI foundation has identified poor knowledge of strategies to prevent the cancer and a lack of readily available government sponsored vaccination programs in Nigeria as a major culprit in the increased number of affected persons and deaths (9). This is because cervical cancer although deadly, when diagnosed early enough is treatable and can be cured (3).

THE ANTI-CERVICAL CANCER BILL; THE RATIONALE BEHIND OCI FOUNDATION'S BRAINCHILD

The Anti-Cervical Cancer bill being sponsored by the Chairman, House Committee on Healthcare Services; Tanko Sununu and co-sponsored by the Chairman, House Committee on Basic Education, Prof. Julius Ihonvbere is part of the OCI Foundation's "Arm Our Youths (ArOY) Anti-Cancer Health Campaign" (10). The campaign took full swing in 2019, following the OCI Foundations two years of annual health symposium on breast and cervical cancer preventive techniques (9).

The Anti-Cervical Bill when implemented aims to mandate teachings against cervical cancer in senior secondary schools across Nigeria, creating awareness of the disease and spreading necessary knowledge about preventive measures to combat it. As there exists substantial evidence in support of repetitive strategies in contrast to one-off campaigns (11), the institution of the bill will present a platform for taking the discussion from hospitals and campaigns to the dinner tables of households in the country.

The rationale for the bill has and will always be the prevention and possible eradication of cervical cancer through empowering the affected demographic with information about necessary tools which include lifestyle practices, screening and vaccinations, to help reduce incidence, morbidity and mortality of the disease (12).

A key reason for the target of senior secondary schools is the reach of school based programs due to high literacy levels in the country as varying reports show over 3 million students enrolled in senior secondary schools across the country (13) (14). With the Anti-Cervical cancer bill passed into law, the effect will be far more than any solitary outreach. Involving both sexes, the males who would educate the females around them (mothers, sisters and even daughters) and the affected sex, the females. The information being understood, can also help breach the language gap at home and the immediate society as it can be passed on in local dialects.

Furthermore, the average age at first sexual intercourse is 16.7-17.9 years for females (6). As cervical cancer is sexually transmitted, early education will keep the teenagers abreast with the potential of HPV infection following coitus. Additionally, in his 2019 report, Ifediora highlights: “Given that most HPV infections take 10 to 20 years before progressing to full-blown cervical cancers, a reasonable assumption is that the earliest exposures to clinically significant HPV infections would be in the mid-teens, before or shortly after the age of 20 years. This is consistent with the report that the age of first sexual exposure for women in Nigeria is 16.7 to 17.9 years, which, incidentally, is the age at which most females are in the final year of their high schools” (12). This further stresses the importance of the cervical cancer education in senior secondary schools because of the subsistence of an “age-onset” relationship that is peculiar to the cancer.

With over 83 million Nigerians living below the country's poverty line of 137,430 naira (\$381.75) annually (15), early acquaintance with preventive techniques for management of cervical cancer are not only lifesaving but also financially beneficial. This is due to huge costs for treatment (16) of the disease compared to cost of prevention via early screening and vaccination. (17) (18).

Moreover, education is the way to go as there is an existing lapse in knowledge of cervical cancer amongst secondary school students in Nigeria and an established positive link between awareness of cervical cancer, its risk factors and early warning symptoms (2).

POSSIBLE OBSTACLES AND SOLUTIONS TO THE ANTI CERVICAL BILL IMPLEMENTATION

While the implementation of Anti-cervical bill is a logical step in the right direction, there may be certain inhibitions to its initiation and subsequent implementation.

An immediate obstacle may be encountered following the coming elections, as this will cause the introduction of new faces to the legislative element who may not understand the importance of the cause. With the installation of the new government, efforts to visit key legislative structures should follow, spreading the importance of the bill and its sequel benefits.

Secondly, the conservative nature of some societies in the country, as observed by Ifediora, may cause cultural or religious resistance to techniques adopted to be taught in schools that are incompatible with their beliefs. Research should be carried out to identify aforementioned groups and key stakeholders should be met, assuring them of the benefits and harmlessness of anti-cervical cancer teaching and its application thereof (12).

Thirdly, the cost of the implementation of the bill when passed may pose a problem. This will include study materials for students and training for teachers to be equipped in the subject matter.

To curb this cost, the topic can be incorporated in an already existing subject (ex. Civic Education), like was done for Human Immunodeficiency Virus. Thus, subsequent editions of the textbook will include in its copies, anti-cervical information provided by the Foundation. This will remove the need from providing new materials to distribute throughout the country.

In addition, introducing state seminars for education of existing teachers will remove the need for hiring new teachers for the subject alone. With the seminars done over intervals, new teaching staff will be informed, should there be a change from schools. This will also remove the cost of salaries for new staffs.

Partnership with governmental and non-governmental organizations who share same ideologies with the Foundation in providing anti cervical services is beneficial in the cause as funding the bill will serve both parties.

Lastly, sustenance of student interest in time may pose an obstacle. Through inclusion of the topic in terminal examinations and Senior Secondary School Examination (SSCE), students will need to study the materials regularly, keeping them abreast with anti-cervical cancer fight.

Additionally, national and state competitions hosted periodically would pique student and school interest and revitalize public interest on the subject matter.

CONCLUSION

“Nothing is more powerful than an idea whose time has come,” said the French poet, Victor Hugo. This holds especially true for The OCI Anti-Cervical Cancer Bill as it passes its second hearing. The burden of cervical cancer, which has taken more lives than it should, has necessitated motion for the bill. It represents a novel instrument in the fight against cervical cancer in Nigeria that is worth emulation from other developing countries. Efforts for provision of readily available screening and vaccination services throughout the country should follow to

ensure its full appreciation, as anti-cervical teaching alone does not replace the above. Not free from its inhibitions, provided appropriate solutions are made, it will prove advantageous for our society letting our students know what Gloria did not; arming them young, arming them all and arming them now.

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