

Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach

*Emmanuel Ifeanyi Obeagu¹ and Getrude Uzoma Obeagu²

¹Department of Medical Laboratory Science, Kampala International University, Uganda

²School of Nursing Science, Kampala International University, Uganda

*Corresponding authour: Emmanuel Ifeanyi Obeagu, [Department of Medical Laboratory Science, Kampala International University, Uganda, emmanuelobeagu@yahoo.com, ORCID: 0000-0002-4538-0161](#)

Abstract

Sickle Cell Disease (SCD) is a significant health concern globally, particularly impacting populations of African, Mediterranean, Middle Eastern, and South Asian descent. Early detection and comprehensive education are vital for improving outcomes and enhancing the quality of life for individuals living with SCD. This review examines the effectiveness of incorporating SCD curriculum into schools as a means of raising awareness, promoting early detection, and fostering a supportive environment for affected individuals. By analyzing existing literature, educational initiatives, and best practices, this article highlights the benefits and challenges of integrating SCD education into school curricula and provides recommendations for implementation. Incorporating SCD curriculum in schools offers numerous benefits, including raising awareness, reducing stigma, and promoting early detection. However, challenges such as limited resources and the need for teacher training must be addressed. Collaboration between educators, healthcare professionals, and community organizations is crucial for developing comprehensive and culturally sensitive curriculum materials. By equipping students with the knowledge and skills necessary to recognize and support individuals with SCD, we can empower future generations to make a positive difference in the lives of those affected by the condition.

Keywords: *Sickle Cell Disease, Education, Curriculum, School-Based Programs, Awareness, Early Detection*

Introduction

Sickle Cell Disease (SCD) remains a significant global health challenge, affecting millions of individuals worldwide, particularly those of African, Mediterranean, Middle Eastern, and South

Citation: Obeagu EI, Obeagu GU. Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach. Elite Journal of Health Science, 2023; 1(1):30-36

Asian descent. Characterized by abnormal hemoglobin, SCD leads to a range of complications, including chronic pain, organ damage, and increased susceptibility to infections. Despite medical advancements, individuals living with SCD often face barriers to timely diagnosis, adequate treatment, and supportive care. Education emerges as a critical tool in addressing these challenges, empowering individuals, communities, and healthcare professionals with the knowledge and skills necessary to effectively manage the disease. Early detection of SCD is essential for initiating appropriate interventions and improving outcomes for affected individuals. However, awareness of the disease and its symptoms remains limited, particularly among populations at higher risk. Integrating SCD curriculum into schools presents a promising approach to raising awareness and promoting early detection. By educating students about the signs, symptoms, and complications of SCD, schools can play a pivotal role in empowering young people to recognize the condition in themselves and others, leading to timely medical intervention and improved health outcomes.¹⁻¹⁰

In addition to promoting early detection, school-based SCD education efforts aim to reduce stigma and foster a supportive environment for affected individuals. Misconceptions and stereotypes surrounding SCD can contribute to social isolation and discrimination, further exacerbating the challenges faced by individuals living with the condition. By providing accurate information about SCD and promoting empathy and understanding among students, schools can help create a more inclusive and supportive community for those affected by the disease. While integrating SCD curriculum into schools offers numerous benefits, several challenges must be addressed to ensure its effectiveness. Limited resources, competing educational priorities, and the need for teacher training are among the key challenges facing implementation efforts. Furthermore, cultural sensitivity and the diverse needs of student populations must be considered when developing curriculum materials. Despite these challenges, collaborative efforts between educators, healthcare professionals, policymakers, and community organizations can help overcome barriers and facilitate the successful integration of SCD education into school curricula.¹¹⁻²⁰

Benefits of School-Based SCD Curriculum

Integrating Sickle Cell Disease (SCD) curriculum into schools offers a range of benefits for students, educators, and the broader community. These benefits extend beyond raising awareness about the condition to promoting early detection, reducing stigma, and fostering a supportive environment for individuals living with SCD. School-based SCD curriculum raises awareness about the disease among students, teachers, and families. By providing accurate information about SCD, its symptoms, and potential complications, schools play a crucial role in dispelling myths and misconceptions surrounding the condition. Increased awareness leads to earlier recognition of symptoms and facilitates timely intervention and support for affected individuals. Educating students about the signs and symptoms of SCD enables them to recognize the condition in themselves or others. Early detection is essential for initiating appropriate medical interventions, such as disease-modifying therapies and preventive measures, which can help improve outcomes and reduce complications associated with SCD. By promoting early detection, school-based SCD curriculum contributes to better health outcomes for affected individuals.²¹⁻²⁵

Citation: Obeagu EI, Obeagu GU. Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach. *Elite Journal of Health Science*, 2023; 1(1):30-36

Stigma and misconceptions surrounding SCD can have a significant impact on the lives of individuals living with the condition, leading to social isolation and discrimination. School-based SCD curriculum promotes empathy, understanding, and acceptance among students, reducing stigma and fostering a more inclusive and supportive school environment. By educating students about the challenges faced by individuals with SCD, schools can help create a culture of empathy and respect. Learning about SCD empowers students to take an active role in promoting health and well-being, both for themselves and others. By equipping students with knowledge about the condition, schools empower them to become advocates for SCD awareness and support within their communities. Moreover, education about SCD promotes empathy and compassion, fostering a sense of social responsibility and encouraging students to support their peers who may be affected by the condition. Integrating SCD curriculum into schools aligns with broader efforts to promote comprehensive health education and wellness among students. By addressing SCD alongside other health-related topics, schools provide students with a holistic understanding of health and well-being, empowering them to make informed decisions and adopt healthy behaviors throughout their lives. School-based SCD curriculum reinforces the importance of preventive care, early detection, and compassionate support for individuals living with chronic health conditions.²⁶⁻³⁰

Challenges and Considerations

While integrating Sickle Cell Disease (SCD) curriculum into schools offers significant benefits, several challenges and considerations must be addressed to ensure its effectiveness and sustainability. One of the primary challenges facing the integration of SCD curriculum into schools is the availability of resources. Schools often have limited time, funding, and personnel to dedicate to health education initiatives. Developing comprehensive curriculum materials, training educators, and implementing educational programs require significant investment of resources, which may be challenging for schools with competing priorities and limited budgets. Schools face numerous competing priorities when designing and implementing curriculum content. With mandates for academic achievement, standardized testing, and core subject areas, health education initiatives, including SCD curriculum, may receive less attention and funding. Educators and administrators must balance the need for comprehensive health education with the demands of academic curriculum requirements and accountability measures. Effective implementation of SCD curriculum requires well-trained educators who are knowledgeable about the condition and equipped to deliver accurate and engaging instruction. Providing professional development opportunities for teachers to enhance their understanding of SCD and develop effective teaching strategies is essential. However, limited access to training resources and time constraints may pose challenges to building educators' capacity to deliver high-quality SCD education. SCD affects individuals from diverse cultural and ethnic backgrounds, each with unique beliefs, attitudes, and healthcare practices. Developing culturally sensitive curriculum materials that reflect the experiences and perspectives of diverse student populations is critical. Educators must be mindful of cultural nuances and sensitivities when discussing SCD, ensuring that educational materials are inclusive, respectful, and relevant to the diverse backgrounds of students and families. Involving parents and caregivers in school-based SCD education initiatives is essential for reinforcing learning and promoting supportive home environments. However, engaging parents and caregivers

Citation: Obeagu EI, Obeagu GU. Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach. Elite Journal of Health Science, 2023; 1(1):30-36

may present challenges, particularly among communities with limited access to educational resources or language barriers. Schools must proactively communicate with families about the importance of SCD education and provide resources and opportunities for parental involvement and support.³¹⁻³⁸

Best Practices and Recommendations

Establish collaborative partnerships between educators, healthcare professionals, community organizations, and advocacy groups to develop comprehensive SCD curriculum materials and educational initiatives. By leveraging the expertise and resources of multiple stakeholders, schools can create high-quality, culturally sensitive educational materials that meet the needs of diverse student populations. Provide ongoing professional development opportunities for teachers to enhance their knowledge and skills in delivering SCD education effectively. Training sessions, workshops, and resources should focus on increasing educators' understanding of SCD, teaching strategies, and cultural competence to ensure accurate and engaging instruction. Integrate SCD education into existing health education or science curricula to ensure continuity and alignment with academic standards. Incorporate SCD-related topics, such as genetics, biology, and public health, into lesson plans, activities, and assessments, reinforcing key concepts and skills across multiple subject areas. Engage students in interactive and experiential learning activities to enhance their understanding of SCD and its impact on individuals and communities. Use case studies, simulations, role-playing exercises, and guest speakers to provide real-world context and promote empathy, critical thinking, and problem-solving skills.

Involve parents, caregivers, and community members in school-based SCD education initiatives to reinforce learning and promote supportive home environments. Organize family workshops, informational sessions, and community events to raise awareness about SCD and provide resources and support for affected individuals and families. Regularly evaluate the effectiveness of school-based SCD education initiatives through assessments, surveys, and feedback from students, educators, and stakeholders. Use evaluation data to identify strengths, areas for improvement, and opportunities for refinement, ensuring that educational efforts remain relevant, impactful, and sustainable over time. Advocate for policies and funding support at the local, state, and national levels to prioritize SCD education in schools and support the implementation of comprehensive health education programs. Collaborate with policymakers, advocacy groups, and healthcare organizations to raise awareness about the importance of SCD education and its impact on student health and well-being.³⁹⁻⁴³

Conclusion

Integrating Sickle Cell Disease (SCD) curriculum into schools represents a valuable opportunity to raise awareness, promote early detection, and foster a supportive environment for affected individuals. Despite the challenges of limited resources, competing priorities, and the need for teacher training, adopting best practices such as collaborative partnerships, professional development, interactive learning, and family engagement can enhance the effectiveness of school-based SCD education initiatives. By equipping students with the knowledge and skills necessary

Citation: Obeagu EI, Obeagu GU. Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach. Elite Journal of Health Science, 2023; 1(1):30-36

to recognize and support individuals with SCD, schools play a critical role in empowering future generations to make a positive difference in the lives of those affected by the condition. Moreover, involving parents, caregivers, healthcare professionals, and community organizations in educational efforts reinforces learning and promotes a supportive ecosystem for individuals living with SCD.

References

1. Ata F, Rahhal A, Malkawi L, Iqbal P, Khamees I, Alhiyari M, Yousaf Z, Qasim H, Alshurafa A, Sardar S, Javed S. Genotypic and phenotypic composition of sickle cell disease in the Arab population-a systematic review. *Pharmacogenomics and Personalized Medicine*. 2023;133-144.
2. Piel FB, Williams TN. Sickle cell anemia: history and epidemiology. *Sickle Cell Anemia: From Basic Science to Clinical Practice*. 2016;23-47.
3. Aneke JC, Okocha CE. Sickle cell disease genetic counseling and testing: A review. *Archives of Medicine and Health Sciences*. 2016;4(1):50-57.
4. Bitoungui VJ, Pule GD, Hanchard N, Ngogang J, Wonkam A. Beta-globin gene haplotypes among cameroonians and review of the global distribution: is there a case for a single sickle mutation origin in Africa? *Omics: a journal of integrative biology*. 2015;19(3):171-179.
5. Obeagu EI, Ochei KC, Nwachukwu BN, Nchuma BO. Sickle cell anaemia: a review. *Scholars Journal of Applied Medical Sciences*. 2015;3(6B):224422-52.
6. Obeagu EI. Erythropoietin in Sickle Cell Anaemia: A Review. *International Journal of Research Studies in Medical and Health Sciences*. 2020;5(2):22-28.
7. Obeagu EI. Sickle Cell Anaemia: Haemolysis and Anemia. *Int. J. Curr. Res. Chem. Pharm. Sci*. 2018;5(10):20-21.
8. Obeagu EI, Muhimbura E, Kagenderezho BP, Uwakwe OS, Nakyeyune S, Obeagu GU. An Update on Interferon Gamma and C Reactive Proteins in Sickle Cell Anaemia Crisis. *J Biomed Sci*. 2022;11(10):84.
9. Obeagu EI, Bunu UO, Obeagu GU, Habimana JB. Antioxidants in the management of sickle cell anaemia: an area to be exploited for the wellbeing of the patients. *International Research in Medical and Health Sciences*. 2023;6(4):12-17.
10. Obeagu EI, Ogunnaya FU, Obeagu GU, Ndidi AC. Sickle cell anaemia: a gestational enigma. *European Journal of Biomedical and Pharmaceutical Sciences*. 2023;10(9): 72-75
11. Obeagu EI. An update on micro RNA in sickle cell disease. *Int J Adv Res Biol Sci*. 2018; 5:157-8.
12. Obeagu EI, Babar Q. Covid-19 and Sickle Cell Anemia: Susceptibility and Severity. *J. Clinical and Laboratory Research*. 2021;3(5):2768-0487.
13. Obeagu EI. Depression in Sickle Cell Anemia: An Overlooked Battle. *Int. J. Curr. Res. Chem. Pharm. Sci*. 2023;10(10):41-.
14. Obeagu EI, Obeagu GU. Evaluation of Hematological Parameters of Sickle Cell Anemia Patients with Osteomyelitis in A Tertiary Hospital in Enugu, Nigeria. *Journal of Clinical and Laboratory Research*. 2023;6(1):2768-0487.
15. Obeagu EI, Dahir FS, Francisca U, Vandu C, Obeagu GU. Hyperthyroidism in sickle cell anaemia. *Int. J. Adv. Res. Biol. Sci*. 2023;10(3):81-89.

Citation: Obeagu EI, Obeagu GU. Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach. *Elite Journal of Health Science*, 2023; 1(1):30-36

16. Njar VE, Ogunnaya FU, Obeagu EI. Knowledge And Prevalence of The Sickle Cell Trait Among Undergraduate Students Of The University Of Calabar. *Prevalence.*;5(100):0-5.
17. Swem CA, Ukaejiofo EO, Obeagu EI, Eluke B. Expression of micro RNA 144 in sickle cell disease. *Int. J. Curr. Res. Med. Sci.* 2018;4(3):26-32.
18. Obeagu EI. Sickle cell anaemia: Historical perspective, Pathophysiology and Clinical manifestations. *Int. J. Curr. Res. Chem. Pharm. Sci.* 2018;5(11):13-15.
19. Obeagu EI, Obeagu GU. Sickle Cell Anaemia in Pregnancy: A Review. *International Research in Medical and Health Sciences.* 2023 Jun 10;6(2):10-13.
20. Obeagu EI, Mohamod AH. An update on Iron deficiency anaemia among children with congenital heart disease. *Int. J. Curr. Res. Chem. Pharm. Sci.* 2023;10(4):45-48.
21. Edward U, Osuorji VC, Nnodim J, Obeagu EI. Evaluation of Trace Elements in Sickle Cell Anaemia Patients Attending Imo State Specialist Hospital, Owerri. *Madonna University journal of Medicine and Health Sciences.* 2022;2(1):218-234.
22. Umar MI, Aliyu F, Abdullahi MI, Aliyu MN, Isyaku I, Aisha BB, Sadiq RU, Shariff MI, Obeagu EI. Assessment Of Factors Precipitating Sickle Cell Crises Among Under 5-Years Children Attending Sickle Cell Clinic of Murtala Muhammad Specialist Hospital, Kano. *blood.*;11:16.
23. Obeagu EI. Vaso-occlusion and adhesion molecules in sickle cells disease. *Int J Curr Res Med Sci.* 2018;4(11):33-35.
24. Ifeanyi OE, Stella EI, Favour AA. Antioxidants in the Management of Sickle Cell Anaemia. *Int J Hematol Blood Disord:* <https://symbiosisonlinepublishing.com/hematology/hematology25.php>. 2018.
25. Inusa BP, Stewart CE, Mathurin-Charles S, Porter J, Hsu LL, Atoyebi W, De Montalembert M, Diaku-Akinwumi I, Akinola NO, Andemariam B, Abboud MR. Paediatric to adult transition care for patients with sickle cell disease: a global perspective. *The Lancet Haematology.* 2020;7(4): e329-341.
26. Buhari HA, Ahmad AS, Obeagu EI. Current Advances in the Diagnosis and Treatment of Sickle Cell Anaemia. *APPLIED SCIENCES (NIJBAS).* 2023;4(1).
27. Nnodim J, Uche U, Ifeoma U, Chidozie N, Ifeanyi O, Oluchi AA. Hepcidin and erythropoietin level in sickle cell disease. *British Journal of Medicine and Medical Research.* 2015;8(3):261-5.
28. Obeagu EI. BURDEN OF CHRONIC OSTEOMYELITIS: REVIEW OF ASSOCIATED FACTORS. *Madonna University journal of Medicine and Health Sciences.* 2023;3(1):1-6.
29. Aloh GS, Obeagu EI, Okoroiwu IL, Odo CE, Chibunna OM, Kanu SN, Elemchukwu Q, Okpara KE, Ugwu GU. Antioxidant-Mediated Heinz Bodies Levels of Sickle Erythrocytes under Drug-Induced Oxidative Stress. *European Journal of Biomedical and Pharmaceutical sciences.* 2015;2(1):502-507.
30. Obeagu EI, Bot YS, Opoku D, Obeagu GU, Hassan AO. Sickle Cell Anaemia: Current Burden in Africa. *International Journal of Innovative and Applied Research.* 2023;11(2):12-14.
31. Obeagu EI, Obeagu GU. Sickle Cell Anaemia in Pregnancy: A Review. *International Research in Medical and Health Sciences.* 2023; 6 (2): 10-13.
32. Obeagu EI, Ogbuabor BN, Ikechukwu OA, Chude CN. Haematological parameters among sickle cell anemia patients' state and haemoglobin genotype AA individuals at Michael

Citation: Obeagu EI, Obeagu GU. Incorporating Sickle Cell Disease Curriculum in Schools: An Effective Approach. *Elite Journal of Health Science*, 2023; 1(1):30-36

- Okpara University of Agriculture, Umudike, Abia State, Nigeria. *International Journal of Current Microbiology and Applied Sciences*. 2014;3(3):1000-1005.
33. Ifeanyi OE, Nwakaego OB, Angela IO, Nwakaego CC. Haematological parameters among sickle cell anaemia... Emmanuel Ifeanyi1, et al. pdf• Obeagu. *Int. J. Curr. Microbiol. App. Sci.* 2014;3(3):1000-1005.
 34. Obeagu EI, Abdirahman BF, Bunu UO, Obeagu GU. Obstetrics characteristics that effect the newborn outcomes. *Int. J. Adv. Res. Biol. Sci.* 2023;10(3):134-143.
 35. Obeagu EI, Opoku D, Obeagu GU. Burden of nutritional anaemia in Africa: A Review. *Int. J. Adv. Res. Biol. Sci.* 2023;10(2):160-163.
 36. Ifeanyi E. Erythropoietin (Epo) Level in Sickle Cell Anaemia (HbSS) With Falciparum Malaria Infection in University Health Services, Michael Okpara University of Agriculture, Umudike, Abia State, Nigeria. *Paripex - Indian Journal of Research*, 2015; 4(6): 258-259
 37. Ifeanyi OE, Nwakaego OB, Angela IO, Nwakaego CC. Haematological parameters among sickle cell anaemia patients in steady state and haemoglobin genotype AA individuals at Michael Okpara, University of Agriculture, Umudike, Abia State, Nigeria. *Int. J. Curr. Microbiol. App. Sci.* 2014;3(3):1000-1005.
 38. Ifeanyi OE, Stanley MC, Nwakaego OB. Comparative analysis of some haematological parameters in sickle cell patients in steady and crisis state at Michael Okpara University of agriculture, Umudike, Abia state, Nigeria. *Int. J. Curr. Microbiol. App. Sci.* 2014;3(3):1046-1050.
 39. Ifeanyi EO, Uzoma GO. Malaria and The Sickle Cell Trait: Conferring Selective Protective Advantage to Malaria. *J Clin Med Res.* 2020; 2:1-4.
 40. Isa H, Okocha E, Adegoke SA, Nnebe-Agumadu U, Kuliya-Gwarzo A, Sopekan A, Ofakunrin AO, Ugwu N, Hassan AA, Ohiaeri C, Madu A. Strategies to improve healthcare services for patients with sickle cell disease in Nigeria: The perspectives of stakeholders. *Frontiers in Genetics.* 2023; 14:1052444.
 41. Martinez RM, Osei-Anto HA, McCormick M, National Academies of Sciences, Engineering, and Medicine. Community Engagement and Patient Advocacy. In *Addressing Sickle Cell Disease: A Strategic Plan and Blueprint for Action 2020*. National Academies Press (US).
 42. Issom DZ. Digital Health Interventions to Empower People with Sickle Cell Disease: Toward Patient-Led Design. In *Sickle Cell Disease 2022*. Intech Open.
 43. Obeagu EI, Obeagu GU. From Classroom to Home: Strengthening the Continuum of Sickle Cell Disease Knowledge. *Elite Journal of Health Science*, 2023; 1(1):23-29