

achieved under ideal circumstances for more common solid tumors [1].

Consequently, many new drugs and new classes of anticancer drugs have been introduced since the 1980s, too many to discuss here, and are now available to clinicians. Chemotherapy method for the treatment of cancer, in fact, transited through series of clinical trial and associated criticisms for some decades before it was accepted to be used as adjuvant therapy in the treatment of cancer. Chemotherapy may be given to try to cure cancer, to reduce the probability of cancer coming back or to shrink it and prolong life if a cure is not possible. Despite the success that was later achieved with the use of chemotherapy in the treatment of cancer, chemotherapy has physical and emotional unpleasant side effects to the extent that some patients purposely abscond from treatment. Cancer treatment is terrible to experience than its illness [5]. Notwithstanding the adverse side effects, the use of chemotherapy for patients in Nigeria is the most available and immediate treatment option for cancer patients. In view of this, cancer patients' positive attitude is essential and necessary for the successful management of their cancer with these drugs.

Invariably, there appears to be a shift in attitudes towards health

outcomes for older people with cancer are that they are less likely to receive appropriate treatments than younger people [10].

Procedure for administration

The questionnaire was administered to each participant but the researchers were offering interpretation of the questions to patients who are uneducated and cannot read or understand what is written in English but speak only their dialect such as Tiv, Idoma and Iggede, Hausa. Interestingly, the authors are from some of these ethnic groups. Further, the setting for the Study was Federal Medical Centre, Makurdi, Benue state in North-Central Nigeria. Besides, majority of the cancer patients are predominantly Tiv, Idoma, Iggede, while others are Hausa/Fulani and Igbo. The exercise was carried out in the Palliative Care clinic consultation rooms to ensure privacy. Ethically, permission to get access to the patients was sought and obtained from the Ethical Research Committee (ERC) in the hospital. Furthermore, the informed consent of each patient was first asked and obtained before administering the questionnaire on him or her. Confidentiality of management of the information provided by the patients was explained and guaranteed to allay their fears of such information being disclosed to any person other than for the purpose it is designated.

Ethical considerations

Confidentiality and anonymity of participants was carefully maintained by non-inclusion of names and analyses of data were done

as group data and manage only for the purpose of the study. A verbally informed consent was sought and obtained from each subject prior to enrolment in the study. The written informed consent forms were only given to participants that accept to sign them as evidence for their consent to be involved in the study after the aim and objectives of the study were explained. The reason for this decision is to avoid some respondents' persisting suspicion or doubt on the implication of signing the consent form.

Statistical analysis

The statistical analysis used to answer the research questions for the purpose of achieving the objectives of the study were (percentages, and t test of independent). The collected data were entered into and analyzed by the statistical Software Program for the Social Sciences (SPSS) Statistics version 20 to save not only time but also the accuracy of the results for good interpretation.

Results

Table 2 shows the demographic characteristics of cancer patients.

Variables	Frequency	Percentage %
Males	2	12.5
Females	14	87.5
Age		
20-40	5	31.3
41-60	10	62.5
61-80	1	6.3
Marital status		
Married	1	68.8
Intact family	1	6.3
Widows	3	18.8
Single	1	6.3
Occupation		
Student	1	6.3
Trade/business	4	24.1
Farming	6	37.5
Nursing	3	18.8
House wives	2	12.5
Ethnicity		
Igala	1	6.3
Iggede	2	12.5
Idoma	1	6.3

Tiv	12	75
Religion		
Christianity	15	93
Islam	1	6.3
Educational Qualification		
No education	5	31.3
Diploma	5	31.3
Secondary school cert.	3	18.8
Primary school cert.	3	18.8

to buy. This means that the patient's inability to purchase the drugs to complete the recommended six or eight cycles of treatment leads to inconsistency in its administration, which may in most cases predict failure of the treatment.

Unfortunately, due to the government disregard about improvement of the healthcare system for effective service delivery, cancer treatment facilities are unavailable and not to mention of subsidizing chemotherapy when it is by the way not even captured in the National Health Insurance Scheme (NHIS). Besides, the mushroom NGOs owned and operated by persons whose husbands or relatives are in top government position such as governors, minister, senators etc. exist only as havens for embezzlement and misappropriation of the public funds and grants from international organizations. As a result, it is only a smoke assistance that is intermittently offered to few patients who have connections with political jobbers. Consequent upon this, cancer patients' quality of life which is the primary goal of its treatment is not guaranteed and by extension there is deterioration of