



Cognition of cancer among married women in Aguata L.G.A of Anambra State: The need to include therapeutic physical exercises in the management

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Abstract

Cancer is a disease caused by an uncontrolled division of abnormal cells in a part of the body. An evil or destructive practice or phenomenon that is hard to contain or eradicate. Some people describe it as “deadly” while others call it a “monster” it is a disease that cancer experts are still struggling to find a cure for. The purpose of the study was to determine the influence which location has on married women in Aguata L.G.A based on their level of cognition of cancer disease. In line with the objectives of the study two (2) research questions and one null hypotheses were postulated. Related literature were reviewed and summarized. Descriptive survey design was used with a population of 6000 married women. The sample for the study consisted 420 that was drawn by multi stage sampling combined with cluster, purposive and simple random sampling techniques. The instrument for data collection was self-developed questions. It was validated by two experts in Health and Physical Education and reliability correlation coefficient of 0.87 was calculated using Pearson Product Moment (PPM). The descriptive statistics of simple percentage and mean (x) scores were used to answer the research questions and the inferential statistics of chi-square (χ^2) was used to analyse one null hypothesis. Consequent upon the results got, the researchers rejected the null hypothesis which stated that there is no significant difference (p less than 0.05) between rural and urban marriage women in Aguata L.G.A. based on their level of cognition of cancer disease. Based on the findings recommendations were made pertinent among which is very urgent need of mass media campaign on what should be done by our married women to avoid this disease called cancer.

Keywords: cognition; cancer; physical activity; therapeutic exercises.

Introduction

Sudden death either by slumping or brief illness has reached an alarming proportion in our society today. Post mortem reports on victims of sudden death link most of the death to cancer. The mentioning of the word “cancer” makes some people’s heart miss a beat. Many people do not even

have the courage to standard listen where it is being discussed because to them, it means death. It has even made many to start doubting the effect of the wonderful results of research works done on this terrible disease all over the world.

Cancer has broken the heart of many people today. According to World Health Organization World Cancer Report (2014) the incidence and burden of cancer is high and is set to rise. Cancer kills more people on a global scale than AIDS, malaria and TB combined. The report equally affirmed that many of the 600,000 deaths each month attributed to cancer can be prevented with increased government support and funding for prevention, detection and treatment programmes.

Cancer is a large group of diseases that can start in almost any organ or tissue of the body when abnormal cells grow uncontrollably, go beyond their usual boundaries to invade adjoining parts of the body and spread to other organs. Abdulkareem (2019) cancer as a disease according to Hanahan and Weinberg (2020), has been a problem to the world at large. All of us should strive to break our sedentary habits and be more active.

According to Agida, Akaba, Isah, and Ekele (2015), the signs and symptoms of cancer include changes in bowel or bladder habits, sores that do not heal, unusual bleeding or discharge, thickening or lumps in the breast or other areas, indigestion or difficulty swallowing, obvious changes in warts or moles, and a persistent cough or hoarseness. Rierk and Fiander (2018) identified several causes of cancer, such as genetic factors (cancer syndromes), exposure to physical and chemical agents like smoking materials, and lifestyle factors including alcohol consumption and diet. Other causes include hormonal influences, infections and inflammation from viruses, bacteria, and parasites, radiation exposure from non-ionizing radiation, and rare causes such as organ transplantation.

Exercise is physical activity that is planned, structured, repetitive and purposive in the sense that it improves or maintains physical fitness and alleviates diseases (Kenny, Wilmor, & Costill, 2015; Nwachukwu, 2017). The use of traditional complementary medicine in modern time has shown significant improvement in the treatment and management of cancer, hypertension, diabetes, etc. (Agha, 2016).

Sustainable development has been defined by the World Commission on Environment and Development, WCED (2019) as in Echebiri and Onyenagubo (2020) as the development that meets the needs of the present without compromising the ability of the future generations to meet their own needs.

The researchers are of the view that it is only a healthy person that can contribute to or assist in sustainable development, this is because a sick person cannot be able to achieve anything not to talk of joining in sustaining development in sciences. It is therefore, through the use of therapeutic exercise that one can be healthy and can be able to achieve the target, since, exercises can reduce disease occurrence like cancer and overall health and quality of life. It may even help some people live longer.

They concluded that cancer survivors take several important actions to maintain their health and well-being. These include engaging in regular physical activity, avoiding inactivity, and returning

to normal daily activities as soon as possible after diagnosis. It is recommended to aim for at least 150 minutes of exercise per week and incorporate strength training exercises at least two days per week. A balanced diet rich in proteins, such as meat, milk, eggs, and legumes like peas or beans, is also essential. Additionally, getting fresh air, enjoying hobbies and activities that bring pleasure, and staying hydrated by drinking plenty of fluids are encouraged for overall well-being.

There are different classes of cancer, some of which include the following:

- The immune system: People who have weakened immune systems are more at risk of developing some types of cancer, this includes people who have organ transplant and take drugs to suppress their immune system to stop organ rejection. It include those who have HIV or AIDS.
- Carcinomas: This is a cancer which arises from the epithelial cells. Carcinomas may invade the surrounding tissues and organs and metastasis to the lymph nodes and other areas of the body. The most common forms of carcinoma are breast cancer, prostate cancer, lung cancer and colon cancer.
- Certain lifestyles and environmental factors are also known to cause mutations that can cause cancer. Examples include: Diet and physical activity: Cancer experts estimated that maintaining a healthy bodyweight, making changes to our diet and taking regular physical exercises.
- Sarcomas: This is a type of malignant tumour of the bone or soft tissue. The most common forms of sarcoma are leiomyosarcome cancer, liposarcoma cancer and osteosarcoma cancer.
- Lymphomas: This is a cancer of the lymphatic system which runs all through the body and therefore can occur anywhere. Here, the cells of the lymph nodes become cancerous.
- Leukemias: This is a cancer of the white blood cells and bone marrow, the tissue that forms blood cells. There are some factors which can cause cancer, available literature reviewed that we have about 2,000 known types of cancer. Cancer is multi-factorial, meaning there is no single cause for any one type. (Adekanle, Adeyemi, & Afolabi, 2021).

Regular exercises lowers risk of anxiety and depression and improve one's quality of life. Therefore against this background the researchers decided to find out the level of cognition of cancer disease among married women in Aguata L.G.A. of Anambra State.

Purpose of the Study

The main purpose of this study is to examine the cognition of cancer among married women in Aguata LGA of Anambra State. Specifically, this paper seeks to:

1. Determine the level of cognition of cancer disease among married women in Aguata L.G.A.
2. Determine the influence which location has on married women in Aguata LGA in Anambra state based on their level of cognition of cancer disease.

Research Questions

1. What is the level of cognition of cancer disease among married women in Aguata L.G.A. of Anambra State?
2. What is the influence of location on married women in Aguata LGA in Anambra State based on their level of cognition of cancer disease?

Hypothesis

There is no significant difference ($p<0.05$) between the rural and urban married women in Aguata L.G.A of Anambra State based on their level of cognition of cancer disease.

Method

The descriptive survey research design was used for the study. This design was considered appropriate for the study because information is gathered from an unbiased representative group of interest (Owen, 2020). The accessible population for the study consisted of 6000 married women that live in the rural and urban areas of Aguata L.G.A. from which sample of 420 were drawn by multi-stage sampling procedure.

The main instrument used for data collection was self developed and validated questionnaire made up of demographic data and five (5) items on cognition of cancer among married women in Aguata L.G.A.

The instrument was validated and tested on ten married women in Akpo town which has similar characteristics and a reliability correlation co-efficient of 0.87 was obtained. Four hundred and twenty copies were produced and administered to the respondents and hundred percent (100%) were retrieved. The research questions were answered using mean score and percentage score ratings.

The hypothesis was analyzed with inferential statistics of chi-square (X^2) at 0.05 level of significance. Percentage score of 50% and above is regarded positive response while below is negative. If the mean total of high and moderate level cognition of cancer is 50% and above, it is also regarded as positive.

Results and Discussion

Results of the data analysis are shown in Tables 1-3.

Table 1. Frequency Distribution of Respondents Level of Cognition of Cancer Diseases

No	Items	High	Moderate	Low	Total
1	Concept of cancer	126 (30%)	105 (25%)	189 (45%)	420 (100%)
2	Cognition of the causes of cancer	105 (25%)	84 (20%)	231 (55%)	420 (100%)
3	Cognition of the risk factors	118 (28%)	92 (22%)	210 (50%)	420 (100%)
4	Cognition of sign and symptoms	67 (16%)	118 (28%)	235 (56%)	420 (100%)
5	Cognition of control measures	84 (20%)	92 (22%)	244 (58%)	420 (100%)
Total		500 (119)	491 (117%)	1109 (264%)	2100 (500%)
Mean (x)		100 (23.8%)	98 (23.4%)	222 (52%)	420 (100%)

The result from the Table 1 showed that the mean (x) of 100 (23.8%) among married women in Aguata L.G.A. sampled have high level of cognition of cancer. Mean (x) of 98 (23.4%) of them have moderate level of cognition of cancer while mean (x) of 222 (52.8%) have low cognition of cancer. This result showed that most of the married women in Aguata L.G.A have low level of cognition of cancer while a few of them have high and moderate level of cognition of cancer. This assertion is in line with Azuka (2017) who stated that most married women do not have the knowledge of cancer diseases and its risk factors.

Table 2. Frequency Distribution of Respondents Influence of Location Among Married Women in Aguata L.G.A. of Anambra State Based on Their Level of Cognition of Cancer Disease?

No	Level	Rural	Urban	Total	Mean (x)
1	High	38 (9%)	97(23%)	135(32%)	68(16%)
2	Moderate	59 (14%)	155(37%)	214(51%)	107(25.5%)
3	Low	323 (77%)	168(40%)	491(117%)	420(58.5%)
	Total	420 (100%)	420(100%)	840(200%)	420(100%)
	Mean (x)	210 (50%)	210(50%)	222(100%)	

The finding of the above Table 2 indicated that both the rural and urban married women in Aguata L.G.A. high level of cognition of cancer disease with Mean (x) of 68(16%), mean (x) of 107 (25.5%) have moderate level of cognition of cancer while mean (x) of 245(58.5%) of the married women in Aguata LGA have low level of cognition of cancer. The above finding showed that most of rural and urban married women in Aguata L.G.A have low level of education while a few of them in both rural and urban have high and moderate level of cognition of cancer disease. Ekele (2015) agreed with this result in a similar survey research he carried out. He found that more than 50% of married women in rural and urban areas have low knowledge of cognition of cancer while less than 50% of them have moderate and high levels of cognition of cancer disease.

Table 3. Chi-square Analysis of Rural and Urban Married Women in Aguata L.G.A. of Anambra State Based on Their Level of Cognition of Cancer Disease

No	Level	Rural	Urban	Total
1	High	40	65	105
2	Moderate	45	70	115
3	Low	105	95	200
	Total	190	230	420

χ^2 table value = 5.99 (χ^2) calculated = 7.125

Decision: Since chi-square (χ^2) 7.125 calculated is greater than the χ^2 table value of 5.99, the null hypothesis of no significance difference is rejected. The calculation showed that there is significance difference between the rural and urban married women in Aguata L.G.A. of Anambra state based on their level of cognition of cancer disease.

This finding is inline with Jemal Jemal, Bray, Centre & Ferlay (2018) who stated that there is significant difference between the level of knowledge of cancer among married women in rural. Results of the study (Table 1) revealed that the level of cognition of cancer disease by married women was low.

This was unexpected, one would have expected a higher level of knowledge by the respondents because of media information all over the world. Related literature also confirmed that most married women do not have knowledge of cancer disease and its risk factors.

According to Table 2 it indicates that most of rural and urban married women have low level of cognition of cancer disease. There results were surprising one had expected that married women would have more knowledge of cancer than single ladies.

There was no significant difference between the level of knowledge of cancer among married women in rural and urban areas in Table 3. This was unexpected one would have expected that urban married women could have knowledge of cancer than rural married women. The findings correspond with the finding of Jemal, Bray, Centre, and Ferlay (2018).

Conclusions

Based on the findings, the study concluded that married women from urban areas in Aguata L.G.A. of Anambra State have greater knowledge and awareness of cancer compared to married women in rural areas of the same region. Additionally, a significant relationship was found between the level of cancer knowledge among married women in rural and urban areas.

Recommendations

Based on the findings and conclusions, several recommendations were made. Acquiring knowledge about cancer risk factors requires intensive campaigns, mobilization, and public sensitization, particularly in rural areas. Therefore, all healthcare stakeholders should design intervention programs in the form of cancer education for the rural population in Aguata, Anambra State. The government should utilize public media such as radio, television, newspapers, and magazines to effectively communicate this urgent message to the target groups. Additionally, all married women should monitor their health by routinely visiting hospitals for medical check-ups. Doctors should also recommend therapeutic physical exercises for patients after cancer treatment. There is an urgent need for a mass media campaign to educate married women on preventive measures against cancer. Lastly, the government at all levels—federal, state, and local—should actively participate in this campaign to ensure widespread awareness and prevention.

Data Availability

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Conflicts of Interest

All authors in this publication declare no conflict of interest regarding the title, data, location, and results of the research.

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Supplementary Materials

This study does not include any supplementary materials.

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