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Factors Influencing Practice of Routine Medical Checkup Among Academic Staff of Federal University of Technology Owerri, Nigeria

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Abstract

Routine medical check-ups play a pivotal role in preventive healthcare, aiding in the early detection of illnesses and contributing to overall well-being. In the academic setting, where the demands of work and a sedentary lifestyle prevail, understanding the factors influencing the practice of routine medical check-ups among academic staff becomes crucial. This study aimed to determine the factors influencing practice of routine medical check-up among academic staff of Federal University of Technology Owerri Imo State, Nigeria. A structured questionnaire was distributed, capturing socio-demographics, work-related factors, attitudes, cultural influences, and medical check-up practices. Statistical analyses, including chi-square tests, were conducted, revealing significant associations and providing p-values. Findings showed that 44.31% of the academic staff of FUTO

affirmed routine check-ups, with significant associations found between age ($p = 0.0385$), marital status ($p = 0.0086$), education ($p = 0.0210$), and income ($p = 0.00112$). Work-related factors like working hours ($p = 0.031$), workload ($p = 0.007$), and workplace policies ($p = 0.002$) exhibited significant associations. Positive attitudes ($p = 0.00173$) and cultural beliefs, such as faith in God ($p = 0.004$), also influenced practices. The study also revealed relationships between factors like age ($p = 0.003$), chronic diseases ($p = 0.0021$), and routine check-up practices. Hence, targeted interventions addressing age-specific concerns, financial barriers, and cultural influences are essential. Workplace policies, health education, and collaboration with healthcare providers can foster a health-conscious culture among academic staff.

Keywords: Routine Medical Check-Up, Academic Staff, Preventive Healthcare, Health Behavior, FUTO, Nigeria

Introduction

Routine medical check-up generally involves thorough history taking, physical examination and screening of asymptomatic persons by physicians on a regular basis as part of a routine medical check-up process. Getting routine medical check-up to prevent illness and maintain good health is considered one of the most effective measures of healthy living as many health problems especially those associated with aging can be identified during the process. However, people normally access the health care facilities or visit their health care provider only when they are sick or dying, contrary to the practice of the uptake of routine medical check-up (Usman *et al.*, 2016) ^[18].

Many non-communicable diseases can be diagnosed with the help of routine medical check-up such as hypertension, type 2 diabetes mellitus, breast cancer, cervical cancer, prostate cancer and many liver and kidney disorder. In addition routine medical check-up can also detect some communicable disease such as hepatitis B (Albaloushi *et al.*, 2015) ^[3]. Some factors affecting routine medical check-ups are broadly classified into institutional factors, individual factors and social factors. Institutional factors include accessing preventive health services, cost effectiveness of preventive health check-up, prolong waiting for health check-up inefficient post check-ups counselling, negligence of doctors and staff towards health check-up plan and rude behaviour of the staff at the of hospital (Subhasish *et al.*, 2019).

Individual factors include self-medication as the first recourse for the majority of health issues, perception towards the preventive health check-ups, negligence towards their own health, lack of time coordination between workplace and health check-up at hospital, limited information in making crucial choices for the preventive health care packages, accessibility of the health

facilities and dependent on family members decisions for undergoing health check-ups (Ilesanmi et al., 2015) [14]. Social factors include cross-cultural difference amongst family or with society regarding preventive health, religious practices or beliefs, family structure, cultural deprivation, peer group differences, influence of racial and ethnic groups in the society. Also the type of check-up required is determined by non-modifiable risk factors such as age and family history of some diseases. Similarly, modifiable risk factors such as unhealthy lifestyle, which includes smoking, alcohol intake, sedentary behavior and unhealthy dieting, are all important in deciding the frequency of check-ups. In addition their sedentary lifestyles associated with the nature of their work could pose higher risk to these non-communicable diseases (Usman *et al.*, 2016^[18]; Subhasish *et al.*, 2019). The general objective of this research is to determine factors influencing practice of routine medical check-up among academic staff of Federal University of Technology Owerri Imo State, Nigeria.

Materials and Methods

Study Design

A cross-sectional descriptive and experimental study designs were adopted for this study. A cross sectional study is a type of study that analyzes data from a population, or a representative subset, at a specific point in time.

Area of the Study

The study area is Federal University of Technology Owerri (FUTO), located at Owerri West Local Government Area in Imo State, Nigeria. Federal University of Technology Owerri is a large institution with an average of not less than 25,000 students, who live at different locations within the perimeters of the school. FUTO has 1513 (from the senior personnel academic unit) academic staff; 2,829 (from senior personnel Administrative and Professional unit) non-teaching staff and 381 (from the junior staff personnel matters) junior staff.

Study Population

The study population consist of 1593 academic staff of FUTO which is made up of Professors, Associate professors, Readers, Senior lecturers, Lecturer 1, Lecturer 2, Assistant lecturers and graduate assistant.

Sample Size

The sample size for this study is 478 Academic staff of FUTO. The sample size was derived by applying rule of the thumb of 30%, of the total population.

Sampling Methods

Simple random sampling and purposive sampling methods was used to select three (3) schools out of the ten (10) schools in FUTO, and then all the departments in the 3 selected schools and all the academic staff were sampled.

Instrument for Data Collections

A structured questionnaire was used for the data collection. The questionnaire for information will consist of five (5) sections; Section A consists of the socioeconomic characteristics, which includes age, gender and marital status etc. Section B is based on information on work related factors that influence the practice of routine medical check-up. Section C consists of information on attitude of employees towards the practice of routine medical check-up. Section D

consists of the information on cultural factors that can influence the practice of routine medical check-up. Section E consists of the information on the level of practise towards the practice of routine medical check-up.

Validity of Instruments

The instrument used in this study was a structured questionnaire; it was validated by face validity and content validity. The study questionnaire was carefully prepared by the researcher by the help of her supervisor after few corrections. Then specialist in the field of public health was consulted for the questionnaire construction.

Reliability of Instrument

A pre- test was carried out with 20 respondents with similar characteristics to those in the target population. The questionnaire was administered to them randomly. The responses from administrations were compared for consistency test via Crombach Alpha test. A reliability coefficient of 0.84 was obtained. See appendix III (a coefficient of r equal to or above 0.5 will be reliable).

Method of Data Collection

The questionnaire was administered to the respondents via the researcher and research assistants after an informed consent was obtained. The questionnaire was administered using the list of academic staff in each department of the selected schools to ensure proper administration of the instrument. Some of the respondents were approached at their respective offices where they filled the questionnaire and returned to the researcher, some others were administered the questionnaire on the day of their school board/departmental meetings, some went home with it and returned the filled copy to the researcher while others filled and returned immediately. Each questionnaire takes about 5-8 minus time to be completed.

Method of Data Analysis

The data collected for the study on the factors influencing practice of routine medical checkup among academic staff of FUTO. Was analysed using the following methods: Descriptive method was used to summarize the data characteristics. Frequency distribution tables were constructed for all variables and were all expressed as the percentages of the distribution. is calculated for categorical variables.

Ethical Consideration/Informed Consent

The researcher gets permission from school health Ethical Board, An approval to carry out the study was obtained from the ethical committee of Federal University of Technology Owerri. Then an introductory letter was attached to the cover page of the questionnaire with an assurance of confidentiality of any information given by them to the questionnaire.

Results

Table 1 shows the socio-demographic characteristics of the respondents revealed that concerning the age of the respondents. Results revealed that of the respondents were within the 40-49 age range, constituting 47.5% (223) of the respondents. Marital status showed a substantial portion being married (61.7%, 290), while 30.0% (141) identified as single. 35.10% (165) of the respondents engaged in thrice-

weekly work sessions, while 16.40% (77) worked four times a week.

Table 2 showed that 35.10% (165) of the respondents engaged in thrice-weekly work sessions, while 16.40% (77) worked four times a week. Workload perception varied, with 52.10% (245) feeling it was time-consuming sometimes, while 27.90% (131) never felt that way. The ability of monthly salaries to cover medical bills was sometimes experienced by 48.50% (228), and health insurance alleviated health care expenses for 70.00% (328) always. Significantly, workplace policies encouraging routine medical check-ups were reported by 41.1% (193) always.

Table 3 showed the attitudes towards the uptake of routine medical check-ups among the academic staff of the university of FUTO showed that a considerable proportion, 46.8% (220), strongly agreed that those who go for routine medical check-ups are wise, while an additional 40.4% (190) agreed. The majority, 48.9% (230), strongly agreed that individuals seeking early detection of health problems would consistently opt for routine medical check-ups. Additionally, a significant portion, 53.2% (250), strongly agreed that routine medical check-ups are not only for the rich. The consensus was evident in the belief that routine medical check-ups should be prioritized by every adult, with 51.1% (240) strongly agreeing.

Table 4 revealed the cultural factors influencing health perceptions among the academic staff in FUTO. The respondents, 52.1% (245), strongly agreed that a strong faith in God contributes to good health, reflecting the significance of religious beliefs. Furthermore, beliefs in the influence of culture on health emerged, with 32.8% (154) agreeing that keeping the laws of the land according to one's culture is an antidote to disease.

Table 5 showed the practices surrounding routine medical check-ups among the academic staff in FUTO. Notably, 44.31% (208) affirmed going for routine medical check-ups, while 32.81% (154) indicated not engaging in this practice. 36.45% (171) engaged in yearly check-ups, while 37.27% (175) opted for more frequent assessments. Notably, 43.92% (206) practiced routine medical check-ups due to recommendations for healthy living. However, 54.22% (255) indicated uncertainty about seeking medical attention only when symptomatic, underscoring the varied approaches to health care within the academic community.

Table 6 showed significant relationships between the socioeconomic characteristics of academic staff and their practice of routine medical check-ups. Age demonstrated a significant association ($X^2 = 3.6721$, $p = 0.0385$), marital status of respondents also exhibited a significant association ($X^2 = 9.202$, $p = 0.0086$), academic qualification demonstrated a significant association ($X^2 = 15.23$, $p = 0.0210$), monthly income exhibited a significant relationship ($X^2 = 7.24$, $p = 0.00112$) with the practice of routine medical

check-up among the academic staff at FUTO.

Table 7 showed relationship between work-related factors and the practice of routine medical check-ups among academic staff. Specifically, working times in a week showed a significant relationship ($X^2 = 4.64$, $p = 0.031$), suggesting that the frequency of working hours per week influences the likelihood of engaging in routine medical check-ups. The impact of work on personal needs also demonstrated a significant association ($X^2 = 3.96$, $p = 0.046$), emphasizing that the balance between work demands and personal needs influences individuals' engagement in routine medical check-ups. Furthermore, factors such as workload ($X^2 = 7.42$, $p = 0.007$), monthly salary covering medical bills ($X^2 = 8.19$, $p = 0.004$), health insurance ($X^2 = 11.37$, $p = 0.001$), and workplace policies encouraging routine check-ups ($X^2 = 9.47$, $p = 0.002$) all exhibited significant associations.

Table 8 presented findings of a statistically significant relationship between the attitudes of academic staff and their practice of routine medical check-ups. The chi-square test revealed a substantial association ($X^2 = 24.11$, $p = 0.00173$) between positive attitudes and a higher likelihood of engaging in routine medical check-ups. Specifically, 84.5% of those with a positive attitude practiced routine medical check-ups, while only 15.5% did not.

Table 9 showed the relationship between cultural factors and the practice of routine medical check-ups among academic staff. The preference for traditional health care over orthodox medicine showed a significant relationship ($X^2 = 3.96$, $p = 0.046$) with routine medical check-up practices, with 45.77% of those preferring traditional health care engaging in routine check-ups. Additionally, the belief that routine intake of herbs and roots prevents diseases and promotes health ($X^2 = 7.12$, $p = 0.007$), the strong faith in God resulting in good health ($X^2 = 8.47$, $p = 0.004$), keeping the laws of the land as an antidote to disease and illness ($X^2 = 4.74$, $p = 0.031$), and the conviction that our fore-fathers lived longer due to cultural traditions ($X^2 = 4.12$, $p = 0.042$) all exhibited significant associations with a higher likelihood of practicing routine medical check-ups.

Table 10 showed the relationship between the factors influencing the practice of routine medical check-ups and the level of practice among academic staff. For academic staff aged 50 and above, there was a substantial correlation ($X^2 = 8.56$, $p = 0.003$) between age group and a high level of routine medical check-up practices, with 65.78% of respondents in this age category exhibiting a high practice level. The presence of a chronic disease ($X^2 = 14.08$, $p = 0.0021$), signs and symptoms triggering medical attention ($X^2 = 5.25$, $p = 0.022$), a health condition requiring regular attention ($X^2 = 17.64$, $p = 0.0010$), and the influence of a recommendation ($X^2 = 24.48$, $p = 0.0133$) were all significantly associated with a higher level of routine medical check-up practices.

Table 1: Socio-demographic characteristics of Respondents

Characteristics	Frequency (n=470)	Percentage (%)
Age(In years)		
Below 20	0	0.0
20–29	27	5.7
30-39	106	22.5
40-49	223	47.5
50-59	71	15.1
60-69	43	9.1
Total	470	100
Gender		
Male	286	60.9
Female	184	39.1
Total	470	100
Marital Status		
Single	141	30.0
Married	290	61.7
Separated	13	2.8
Widowed	12	2.5
Divorced	13	2.8
Co-habiting	1	0.2
Total	470	100
If married type of family		
Single parent family	7	2.4
Nuclear family (husband, wife, and children)	249	85.8
Family with no child	23	7.9
Polygamous family (husband and more than 1 wife)	11	3.9
Total	290	100
Number of children		
None	56	20.1
1-2	138	47.5
3-4	80	27.0
5-6	15	5.1
7	1	0.3
Total	290	100
Religion		
Christianity	454	96.6
Islam	15	3.2
African Traditional Religion	1	0.2
Unbeliever	0	0.0
Total	470	100
Academic qualification		
Bachelor's degree	10	2.1
Master's degree	72	15.3
Doctorate	209	44.5
Post-Doctorate	179	38.1
Total	470	100
Current rank/position		
Graduate Assistant	9	1.95
Assistant Lecturer	40	8.51
Lecturer II	75	15.95
Lecturer I	114	24.25
Senior Lecturer	110	23.4
Reader	86	18.3
Professor	36	7.7
Total	470	100
Monthly income		
Less than N100,000	9	1.95
N100,000 – N149,000	40	8.51
N150,000 – N199,000	75	15.95
N200,000 – N249,000	130	27.7
N250,000 – N299,000	109	23.2
N300,000 – N349,000	82	17.4
N350,000 – N399,000	15	3.2
N400,000 – N449,000	7	1.5
N450,000 – N499,000	3	0.6
Total	470	100
In the employment of FUTO approximate length of time		
Less than one year	9	1.95

1-5	40	8.5
6-10	75	15.95
11-15	114	24.3
16-20	110	23.4
21-25	86	18.3
26-30	36	7.7
Total	470	100
Health Insurance policy		
Yes	411	87.4
No	59	12.6
Total	470	100

Table 2: Work Related Factors

Variable	Frequency (n=470)	Percentage (%)
Work in a week		
Once	47	10.00
Twice	71	15.10
Thrice	165	35.10
Four times	77	16.40
Five times	56	11.90
Six times	30	6.40
Seven times (everyday)	24	5.10
Total	470	100
Time to resume for work each day		
Before 8am	154	32.80
By 8am	112	23.80
9am	83	17.70
Any time of day	17	3.60
8-9am	104	22.10
Total	470	100
Close from work each day		
Before 2pm	47	10.00
By 3pm	104	22.10
4pm	141	30.00
Any time of day	18	3.80
5pm	160	34.00
Total	470	100
Break time while at work		
Less than one hour	138	29.60
1 hour	228	48.50
2 hours	71	15.10
Any length of time I desire	23	4.90
30 minutes	10	2.10
Total	470	100
Work does not prevent attending to personal needs during office hours		
Always	154	32.80
Sometimes	245	52.10
Never	71	15.10
Total	470	100
workload is so time consuming		
Always	94	20.00
Sometimes	245	52.10
Never	131	27.90
Total	470	100
monthly salary comfortably takes care of medical bill		
Always	71	15.10
Sometimes	228	48.50
Never	171	36.40
Total	470	100
Have health insurance that takes the burden of health care expenses off me		
Always	328	70.00
Sometimes	94	20.00
Never	48	10.00
Total	470	100
Work place policy encourages routine medical check-up		
Always	193	41.10
Sometimes	171	36.45
Never	106	22.45
Total	470	100

Table 3: Attitude Towards Practice of Routine Medical Check-Up

Variable	Strongly Agree (%)	Agree (%)	Undecided (%)	Disagree (%)	Strongly Disagree (%)
Those who go for routine medical check-up are wise	220 (46.8%)	190 (40.4%)	30 (6.4%)	20 (4.3%)	5 (1.1%)
I will go for routine medical check-up, even when I don't feel any sign of illness	180 (38.3%)	210 (44.7%)	50 (10.6%)	20 (4.3%)	10 (2.1%)
Those who want their health problems detected early will always go for routine medical check-up	230 (48.9%)	170 (36.2%)	40 (8.5%)	20 (4.3%)	5 (1.1%)
I don't have anything against going for routine medical check-up	190 (40.4%)	240 (51.1%)	30 (6.4%)	10 (2.1%)	0 (0%)
Routine medical check-up is not a waste of money	210 (44.7%)	190 (40.4%)	40 (8.5%)	20 (4.3%)	10 (2.1%)
Routine medical check-up is not a waste of time	220 (46.8%)	170 (36.2%)	40 (8.5%)	20 (4.3%)	10 (2.1%)
Routine medical check-up is not only for the sick	240 (51.1%)	180 (38.3%)	30 (6.4%)	10 (2.1%)	5 (1.1%)
Routine medical check-up is not only for the rich	250 (53.2%)	160 (33.8%)	40 (8.5%)	10 (2.1%)	5 (1.1%)
Routine medical check-up should be given priority attention by every adult	240 (51.1%)	180 (38.3%)	30 (6.4%)	10 (2.1%)	5 (1.1%)
I can encourage others to go for routine medical check-up	200 (42.6%)	190 (40.4%)	50 (10.6%)	20 (4.3%)	10 (2.1%)

Table 4: Cultural Factors

Variable	Strongly Agree (%)	Agree (%)	Undecided (%)	Disagree (%)	Strongly Disagree (%)
Traditional health care is preferred to orthodox medicine	31 (6.6%)	104 (22.1%)	141 (30.0%)	128 (27.2%)	66 (14.0%)
It is the sick that seek health care and not the well	128 (27.2%)	189 (40.2%)	56 (11.9%)	83 (17.7%)	14 (3.0%)
Routine intake of herbs and roots prevents diseases and promotes health	193 (41.1%)	171 (36.4%)	47 (10.0%)	30 (6.4%)	29 (6.2%)
Strong faith in God results in good health	245 (52.1%)	154 (32.8%)	23 (4.9%)	29 (6.4%)	19 (4.0%)
Keeping the laws of the land according to one's culture is antidote to disease and illness	154 (32.8%)	104 (22.1%)	56 (11.9%)	128 (27.2%)	28 (6.0%)
Some diseases and illnesses result from demonic projections	31 (6.6%)	71 (15.1%)	47 (10.0%)	193 (41.1%)	128 (27.2%)
Some diseases and illnesses come as a result of breaking natural laws	66 (14.0%)	141 (30.0%)	83 (17.7%)	128 (27.2%)	52 (11.1%)
Orthodox medicine cannot take care of all health problems	94 (20.0%)	171 (36.4%)	71 (15.1%)	83 (17.7%)	52 (11.1%)
Appeasing the gods is a panacea (solution) to many health issues	31 (6.6%)	47 (10.0%)	47 (10.0%)	245 (52.1%)	140 (29.8%)
Our fore-fathers lived longer because they depended on the dictates of culture and tradition	31 (6.6%)	71 (15.1%)	104 (22.1%)	171 (36.4%)	163 (34.9%)

Table 5: Practice of Routine Medical Check-Up

Variable	Frequency (n=470)	Percentage (%)
Do you go for routine medical check-up		
Yes	208	44.31
No	154	32.81
Not sure	108	22.88
Total	470	100
If you go for routine medical check-up, where do you go for that		
Private hospital	48	23.13
Government hospital	60	28.87
Primary health care centre	36	17.54
Pharmacy	35	16.75
Patent Medicine Shop	8	3.83
Chemist	21	9.89
Total	208	100
If you are below 50 years, how often do you go for routine medical check-up		
Once a year	8	14.72
More than once a year	17	32.86
Once in 2 years	5	9.68

Once in three years	3	4.84
Once in six months	20	37.90
Total	53	100
If you are 50 years and above, how often do you go for routine medical check-up		
Once a year	64	41.55
More than once a year	23	14.68
Once in 2 years	18	11.36
Once in three years	2	1.11
Once in six months	49	31.30
Total	155	100
If you have a chronic disease, no matter your age, how often do you go for routine medical check-up		
I don't go	0	0.00
Once a year	171	36.45
More than once a year	175	37.27
Once in 2 years	100	21.36
Once in three years	1	0.21
Once in six months	22	4.72
Total	470	100
Do you go for medical attention only when you have signs and symptoms of a disease or illness		
Yes	21	4.38
No	195	41.40
Not sure	255	54.22
Total	470	100
Do you go for routine medical check-up because you have a health condition that requires regular attention		
Yes	107	22.87
No	143	30.49
Not sure	219	46.65
Total	470	100
Is there any genetic factor in your family that predisposes you to any health problem		
Yes	149	31.63
No	160	33.94
Not sure	162	34.43
Total	470	100
Do you go for routine medical check-up out of fear of developing a health problem likely due to genetics		
Yes	62	41.69
No	30	19.83
Not sure	57	38.48
Total	149	100
Do you go for routine medical check-up because it is recommended for healthy living		
Yes	206	43.92
No	60	12.73
Not sure	204	43.36
Total	470	100

Table 6: Relationship between socioeconomic characteristics of academic staff of Federal University of Technology Owerri, Nigeria and their practice of routine medical check-up

Socio-economic characteristics	Practice of Routine Medical Check-up		X2	P-value	Decision *
	High (%)	Low (%)			
Age			3.6721	0.0385	Sig.
Below 20	0	0.0			
20-29	3 (11.11)	24 (88.89)			
30-39	13 (12.12)	93 (87.88)			
40-49	105 (47.06)	118 (52.94)			
50-59	60 (84.91)	11 (15.09)			
60-69	36 (82.98)	7 (17.02)			
Sex			4.621	0.1237	Insig.
Male	178 (62.36)	108 (37.64)			
Female	111 (60.39)	73 (39.61)			
Marital Status			9.202	0.0086	Sig.
Single	20 (14.04)	121 (85.96)			
Married	274 (94.52)	16 (5.48)			
Separated	7 (54.17)	6 (45.83)			
Widowed	4 (30.0)	8 (70.0)			
Divorced	6 (44.44)	7 (55.56)			
Others	1 (100)	0 (0.00)			
Type of family			12.039	0.563	Insig.

Single parent family	2 (25.00)	5 (75.00)			
Nuclear family	209 (83.85)	40 (16.15)			
Family without no child	18 (80.77)	4 (19.23)			
Polygamous family	3 (28.57)	7 (71.43)			
Others	1 (100)	0 (0.00)			
Parity			3.761	0.0692	Insig.
None	43 (77.14)	13 (22.86)			
1-2	62 (44.81)	76 (55.19)			
3-4	35 (43.94)	45 (56.06)			
5-6	6 (37.50)	9 (62.50)			
Others	0 (0.00)	1 (100.0)			
Religion			1.472	0.911	Insig.
Christianity	270 (59.47)	184 (40.53)			
Islam	6 (41.18)	9 (58.82)			
African Traditional Religion	0 (0.00)	1 (100.0)			
Others	1 (100.0)	0 (0.00)			
Academic Qualification			15.23	0.0210	Sig.
Bachelor's degree	3 (30.00)	7 (70.0)			
Masters's degree	33 (46.09)	39 (53.91)			
Doctorate	145 (69.26)	64 (30.74)			
Post-Doctorate	160 (89.47)	19 (10.53)			
Current Rank/position			8.24	0.4051	Insig.
Graduate Assistant	4 (44.44)	5 (55.56)			
Assistant Lecturer	21 (52.27)	19 (47.73)			
Lecturer II	31 (41.82)	44 (58.18)			
Lecturer I	48 (41.94)	66 (58.06)			
Senior Lecturer	65 (59.06)	45 (40.94)			
Reader	56 (65.25)	30 (34.75)			
Professor	24 (66.67)	12 (33.33)			
Monthly Income			7.24	0.00112	Sig.
Less than N100,000	3 (33.33)	6 (66.67)			
N100,000 – N149,000	3 (6.67)	37 (93.33)			
N150,000 – N199,000	16 (21.05)	59 (78.95)			
N200,000 – N249,000	26 (42.50)	36 (57.50)			
N250,000 – N299,000	34 (65.38)	18 (34.62)			
N300,000 – N349,000	27 (70.00)	12 (30.00)			
N350,000 – N399,000	56 (79.55)	15 (20.45)			
N400,000 – N449,000	74 (86.21)	12			

(*Sig=Significant; Insig= Insignificant)

Table 7: Relationship between work related factors of academic staff of Federal University of Technology Owerri, Nigeria and their practice of routine medical check-up

Work Related Factors	Practice of Routine Medical Check-up		X2	P-value	Decision *
	High (%)	Low (%)			
Working times in a week	54.3	45.7	4.64	0.031	Sig.
Resumption time	50.45	49.55	0.01	0.99	Insig.
Closing time	44.23	55.77	2.87	0.089	Insig.
Length of break period	39.78	60.22	3.46	0.063	Insig.
Work influence on personal needs	45.12	54.88	3.96	0.046	Sig.
Workload is time consuming	62.47	37.53	7.42	0.007	Sig.
Monthly salary comfortably takes care of my medical bills	64.86	35.14	8.19	0.004	Sig.
Health insurance that takes the burden of health care expenses off me	70.83	29.17	11.37	0.001	Sig.
Work place policy encourages routine medical check-up	60.92	39.08	9.47	0.002	Sig.

(*Sig=Significant; Insig= Insignificant)

Table 8: Relationship between attitudes of academic staff of Federal University of Technology Owerri, Nigeria and their practice of routine medical check-up

Attitudes of academic staff of FUTO	Practice of Routine Medical Check-up		X2	P-value	Decision *
	Yes (%)	No (%)			
Good	84.5	15.5	24.11	0.00173	Sig.
Poor	15.5	84.5			

(*Sig=Significant; Insig= Insignificant)

Table 9: Relationship between cultural factors and practice of routine medical check-up among academic staff of Federal University of Technology Owerri, Nigeria

Cultural Factors	Practice of Routine Medical Check-up		X2	P-value	Decision *
	Yes (%)	No (%)			
Traditional health care is preferred to orthodox medicine	45.77	54.23	3.96	0.046	Sig.
It is the sick that seek health care and not the well	50.45	49.55	0.01	0.99	Insig.
Routine intake of herbs and roots prevents diseases and promotes health	61.32	38.68	7.12	0.007	Sig.
Strong faith in God results in good health	66.23	33.77	8.47	0.004	Sig.
Keeping the laws of the land according to one's culture is antidote to disease and illness	55.92	44.08	4.74	0.031	Sig.
Some diseases and illnesses result from demonic projections	39.17	60.83	3.66	0.056	Insig.
Some diseases and illnesses come as a result of breaking natural laws	50.83	49.17	0.04	0.98	Insig.
Orthodox medicine cannot take care of all health problems	56.48	43.52	4.97	0.026	Sig.
Appeasing the gods is a panacea (solution) to many health issues	40.22	59.78	3.55	0.06	Insig.
Our fore-fathers lived longer because they depended on the dictates of culture and tradition	46.13	53.87	4.12	0.042	Sig.

(*Sig=Significant; Insig= Insignificant)

Table 10: Relationship between the level of practice of routine medical check-up and the factors influencing the practice of routine medical check-up

Factors influencing the practice of routine medical check-up	Level of practice of routine medical check-up		X2	P-value	Decision *
	High (%)	Low (%)			
Frequency for age <50	48.34	51.66	1.2	0.271	Insig.
Frequency for age >50	65.78	34.22	8.56	0.003	Sig.
Chronic disease	72.43	27.57	14.08	0.0021	Sig.
Signs and Symptoms	58.92	41.08	5.25	0.022	Sig.
Health condition requiring regular attention	75.00	25.00	17.64	0.0010	Sig.
Genetic factors	40.83	59.17	3.14	0.077	Insig.
Fear of developing health problems	53.24	46.76	1.74	0.188	Insig.
Recommendation	81.56	18.44	24.48	0.0133	Sig.

(*Sig=Significant; Insig= Insignificant)

Discussion

The socio-demographic data on the respondents revealed that on the age distribution among the respondents, majority were in the 40-49 age range, constituting 47.5% of the sample, with none below the age of 20. This age distribution aligns with Aremu *et al.* (2021)^[5], who found that the majority of their respondents were adults, reflecting a demographic that is typically more concerned with health issues and medical check-ups. Additionally, the study's gender distribution was skewed, with 60.94% being male. This gender disparity is somewhat consistent with Fazal *et al.* (2023)^[11], who reported a slightly higher percentage of females (55%) in their study. The skew towards males in the current study could be due to occupational demographics at FUTO or cultural factors influencing employment. The marital status of respondents showed that a substantial portion were married (61.7%), with the nuclear family structure being predominant among married respondents (85.8%).

The study by Asuke *et al.* (2017)^[6] reported similar findings where professional status and income levels influenced the frequency of medical check-ups, although their study highlighted differences between private and public sector workers. The consistent finding that higher income brackets are associated with higher rates of routine medical check-ups could be due to greater access to healthcare resources and the financial ability to afford such services.

In terms of employment duration, a significant proportion of respondents had been in service for 11-15 years (24.3%). This longevity in employment may correlate with stability and access to health benefits, which is reflected in the high prevalence of health insurance coverage among respondents (87.4%). This is considerably higher than the health insurance coverage reported by Aremu *et al.* (2021)^[5], who emphasized

the need for increased health check-ups. The higher coverage in the current study could be due to institutional policies at FUTO that encourage or provide health insurance for their employees.

The findings of this study can be contextualized using the Health Belief Model (HBM), which posits that individuals are more likely to engage in health-promoting behaviors if they perceive themselves to be at risk (perceived susceptibility), believe the condition has serious consequences (perceived severity), believe taking a specific action would reduce their susceptibility or severity (perceived benefits), and believe the costs of taking the action are outweighed by the benefits (perceived barriers).

Concerning the work-related factors influencing the uptake of routine medical check-ups among the respondents, Table 4.2 highlighted several key work-related factors influencing the practice of routine medical check-ups among respondents. A significant portion of respondents, 35.10%, engaged in work sessions three times a week, with 16.40% working four times a week. These findings can be discussed and contrasted with those from Oguntoye *et al.* (2017)^[16], who investigated similar factors among health workers at the Federal Teaching Hospital, Ido-Ekiti, Nigeria. In their study, Oguntoye *et al.* found that 92.4% of respondents had undergone a medical check-up at least once, primarily due to personal beliefs in its importance (81.2%), rather than pre-employment purposes (35.9%). This contrasts with the findings of our study, where workplace policies encouraging routine check-ups were always reported by only 41.1% of respondents. This discrepancy could be due to differences in workplace health policies and the emphasis on routine check-ups across different institutions.

Regarding the attitudes of academic staff at the Federal University of Technology Owerri (FUTO) toward the uptake of routine medical check-ups, evidence of positive attitudes were revealed in that a substantial proportion of respondents strongly agreed (46.8%) and agreed (40.4%) that those who go for routine medical check-ups are wise. This positive perception aligns with the study by Abdulla *et al.* (2020), where a high level of knowledge about routine health checks coexisted with a low prevalence of actual check-ups. Similarly, a notable percentage (38.3% strongly agreed, 44.7% agreed) indicated a proactive attitude toward routine medical check-ups, even in the absence of noticeable signs of illness.

Oguntoye *et al.* (2017) ^[16], noted parallel findings where healthcare workers acknowledged the importance of medical check-ups for personal health, reinforcing the notion of preventive healthcare. The belief in the value of routine medical check-ups for early detection of health problems was prevalent, with 48.9% strongly agreeing. This emphasis on early detection resonates with the studies by Akande *et al.* (2004) ^[2] and Eke *et al.* (2012) ^[9], which highlighted the significance of timely medical examinations for disease detection and improved prognosis. Positive sentiments extended to the perception that routine medical check-ups are not a waste of resources, including money (44.7% strongly agreed), and time (46.8% strongly agreed).

This contrasts with the study by Tahira *et al.* (2017), where cost was identified as a barrier to routine check-ups, emphasizing the importance of addressing financial concerns to promote positive attitudes. Moreover, the belief that routine medical check-ups are not exclusive to the sick (51.1% strongly agreed) and are not only for the rich (53.2% strongly agreed) indicates a widespread understanding of the inclusive nature of preventive healthcare. This is in agreement with the findings of Qidwai *et al.* (2015), emphasizing the need for health programs and awareness campaigns to overcome barriers to regular medical screening. The consensus among respondents that routine medical check-ups should be prioritized by every adult (51.1% strongly agreed) reflects a collective recognition of the importance of preventive healthcare. This aligns with the study by Eke *et al.* (2012) ^[9], where the majority of respondents believed in the significance of regular medical check-ups. Also, the willingness of 42.6% of respondents to encourage others to go for routine medical check-ups underscores a potential positive influence within the academic community. This collaborative approach resonates with the qualitative study by Teo *et al.* (2016), which emphasized the role of health authorities in addressing misperceptions and promoting the importance of early detection among young men.

This support for routine check-ups can act as a social incentive, encouraging more individuals to participate in regular health assessments. The alignment of these attitudes with the high levels of knowledge and positive attitudes found in other studies, such as those by Gosadi *et al.* (2022) ^[13] and Mohammed and Usman (2023) ^[15], supports the notion that awareness and positive perceptions are widespread. However, discrepancies between attitude and practice, as noted in the empirical studies, suggest barriers that need addressing. These barriers include logistical issues like long waiting times, fear of detecting abnormal diseases, and concerns about stigma, as highlighted by Mohammed and Usman (2023) ^[15]. To bridge the gap between positive attitude

and actual practice, interventions should focus on reducing these barriers. Enhancing health literacy, promoting the importance of early detection, and developing strategies that make routine check-ups more accessible and less stigmatized are crucial. For example, targeted health education programs and policy changes to streamline the check-up process could mitigate these barriers.

The strong belief in the connection between faith in God and good health, as indicated by 52.1% of respondents strongly agreeing, resonates with cultural contexts where religious beliefs play a significant role in shaping health perceptions. This finding aligns with research by Cheah and Meltzer (2020) ^[7], who noted ethnic differences in health-seeking behaviors influenced by cultural beliefs. They found that certain ethnic groups were more likely to undergo medical check-ups, suggesting a cultural influence on health behaviors. The study observed belief in the preventive qualities of routine intake of herbs and roots, expressed by 41.1% of respondents, reflects the influence of traditional medicine on health perceptions. This finding contrasts with the study by Cheah and Meltzer (2020) ^[7], where traditional health care was not universally favored compared to orthodox medicine. However, it aligns with studies like Eley *et al.* (2019) ^[10], which identified cultural influences on health-seeking behaviors, including the use of traditional remedies among certain ethnic groups.

Meanwhile, the disagreement with the preference for traditional health care over orthodox medicine, demonstrated by 30.0% of respondents disagreeing and 27.2% strongly disagreeing, suggests a complex attitude towards healthcare modalities. This finding contrasts with studies like Eley *et al.* (2019) ^[10], where cultural influences were found to impact health-seeking behaviors, including preferences for traditional remedies among certain demographic groups. Further, the variation in understanding illness and seeking health care, highlighted by the disagreement with the notion that only the sick seek health care (40.2% disagreed) and the belief that orthodox medicine can address all health problems (27.2% disagreed), underscores the multifaceted nature of health perceptions.

This finding aligns with the study by Cheah and Meltzer (2020) ^[7], which identified ethnic differences in health-seeking behaviors influenced by cultural beliefs. The acknowledgment of culture's influence on health, as indicated by 32.8% of respondents agreeing that keeping the laws of the land according to one's culture is an antidote to disease, highlights the interconnectedness of cultural beliefs and health practices. This finding resonates with the study by Eley *et al.* (2019) ^[10], which identified cultural influences on health-seeking behaviors, including beliefs about the role of culture in health outcomes. These findings suggest that cultural factors significantly influence health perceptions among academic staff at FUTO. The interplay between religious beliefs, traditional medicine, and perceptions of orthodox medicine reflects the complexity of cultural influences on health behaviors. Understanding these cultural factors is essential for developing culturally sensitive health interventions and promoting positive health outcomes among diverse populations.

The findings regarding the practice of routine medical check-ups among academic staff at FUTO, as presented in Table 4.5, reveal a mixed pattern of engagement with preventive health care measures. Approximately 44.31% of respondents affirmed going for routine medical check-ups, indicating a

substantial proportion actively participating in proactive health monitoring. This finding aligns with studies by Cheah and Meltzer (2020)^[7], who observed varying rates of participation in medical check-ups across different ethnic groups, suggesting a diverse spectrum of health behaviors influenced by cultural factors. Interestingly, the frequency of routine medical check-ups varied significantly among different age groups. While respondents under 50 years exhibited diverse habits, with a notable percentage opting for more than once a year, those aged 50 and above leaned towards annual check-ups. This discrepancy in frequency aligns with findings from studies like Adeyemi *et al.* (2018)^[1], which observed lower rates of routine medical check-ups among younger individuals compared to older adults. It suggests a potential shift in health-seeking behaviors as individuals age and become more aware of the importance of preventive health measures.

Furthermore, the practice of routine medical check-ups among respondents with chronic diseases revealed a nuanced approach. While a considerable proportion engaged in yearly check-ups, a significant percentage opted for more frequent assessments. This finding highlights the complex interplay between chronic disease management and preventive health care behaviors, as individuals with pre-existing conditions may require closer monitoring. Notably, the motivation behind practicing routine medical check-ups varied among respondents, with a substantial proportion citing recommendations for healthy living as the driving factor. This aligns with the health belief theory, which posits that individuals are more likely to engage in health-promoting behaviors if they perceive them to be beneficial in maintaining or improving their health. However, the uncertainty expressed by over half of the respondents about seeking medical attention only when symptomatic underscores the need for targeted health education interventions to promote the importance of preventive health care. Moreover, findings from studies like Du *et al.*^[8] (2023) and Mohammed and Usman (2023)^[15] suggest similar challenges in promoting routine medical check-ups, including barriers such as lack of time, cost concerns, and fear of detecting abnormal diseases. Addressing these barriers through targeted interventions and promoting the benefits of preventive health care could enhance participation in routine medical check-ups among academic staff at FUTO.

Findings on the significant relationships between the socioeconomic characteristics of academic staff at the Federal University of Technology Owerri (FUTO) and their practice of routine medical check-ups, revealed an association between age and routine medical check-up practices ($p = 0.0385$). This suggests that varying age groups exhibit different patterns in engaging with preventive health care measures. This finding is consistent with studies such as Adeyemi *et al.* (2018)^[1] and Du *et al.* (2023)^[8], which observed age-related differences in health-seeking behaviors, with older individuals demonstrating higher rates of routine medical check-ups. The higher likelihood of older individuals engaging in routine medical check-ups may be attributed to increased awareness of health risks associated with aging and a greater emphasis on preventive health care as individuals grow older.

Similarly, the significant association between marital status and the practice of routine medical check-ups ($X^2 = 9.202$, $p = 0.0086$) suggests that individuals with different marital statuses are more likely to differ in their engagement with

preventive health care measures. This finding aligns with research by Mohammed and Usman (2023)^[15], which identified marital status as a factor influencing the utilization of routine medical check-ups. Married individuals may have greater social support networks and shared responsibilities, which could positively influence their health-seeking behaviors compared to unmarried individuals. Furthermore, the significant association between academic qualification and the practice of routine medical check-ups ($X^2 = 15.23$, $p = 0.0210$) highlights that individuals with diverse educational backgrounds tend to have varying levels of engagement with preventive health care measures. This finding is consistent with studies by Ojong *et al.* (2020)^[17] and Cheah and Meltzer (2020)^[7], which observed educational attainment as a determinant of health-seeking behaviors. Higher levels of education are often associated with greater health literacy and awareness, leading to increased participation in routine medical check-ups. Additionally, the significant relationship between monthly income and the practice of routine medical check-ups ($X^2 = 7.24$, $p = 0.00112$) underscores the influence of socioeconomic status on health behaviors. This finding is supported by research by Gosadi *et al.* (2022)^[13] and Cheah and Meltzer (2020)^[7], which identified income as a determinant of health-seeking behaviors. Higher income levels may afford individuals greater access to healthcare services, including routine medical check-ups, while lower income levels may pose financial barriers to seeking preventive care.

Important relationships were also revealed between work-related factors and the practice of routine medical check-ups. Firstly, the significant association between working times per week and the practice of routine medical check-ups ($X^2 = 4.64$, $p = 0.031$) suggests that the frequency of working hours influences individuals' likelihood of engaging in preventive health care measures. This finding aligns with research by Oguntoye *et al.* (2017)^[16], which observed that work-related factors such as workload and working hours can affect individuals' ability to prioritize their health. Individuals with longer working hours may perceive routine medical check-ups as time-consuming and may face challenges in scheduling appointments around their work commitments. Similar findings were reported by Gosadi *et al.* (2022)^[13], which identified work-related stress and time constraints as barriers to seeking routine medical check-ups among working adults. Furthermore, factors such as workload ($X^2 = 7.42$, $p = 0.007$), monthly salary covering medical bills ($X^2 = 8.19$, $p = 0.004$), health insurance ($X^2 = 11.37$, $p = 0.001$), and workplace policies encouraging routine check-ups ($X^2 = 9.47$, $p = 0.002$) all exhibited significant associations with the practice of routine medical check-ups. These findings suggest that access to healthcare resources and supportive workplace environments can facilitate individuals' engagement in preventive health care. However, studies by Abdulla *et al.* (2020) and Mohammed and Usman (2023)^[15] highlighted barriers such as lack of time and cost as factors influencing individuals' decision to forgo routine medical check-ups. These discrepancies underscore the complex interplay between individual, organizational, and societal factors in shaping health behaviors.

There was also a significant relationship between positive attitudes and the practice of routine medical check-ups ($p = 0.00173$) consistent with the positive attitudes observed in the studies by Adeyemi *et al.* (2018)^[1] and Du *et al.* (2023)^[8], who found that individuals with positive attitudes towards

routine medical check-ups were more likely to engage in these practices. For example, Adeyemi *et al.* (2018) ^[1] observed that individuals who perceived routine medical check-ups as important for their health were more likely to undergo these screenings, irrespective of their age or duration of diabetes mellitus. Contrastingly, Mohammed and Usman (2023) ^[15] found that negative attitudes, such as fear of detecting abnormal diseases and concerns about stigma, hindered routine medical check-ups among respondents at Ahmadu Bello University. This suggests that attitudes play a critical role in shaping individuals' health behaviors, with positive attitudes facilitating engagement in preventive health care and negative attitudes serving as barriers to seeking medical attention.

Conclusion

In conclusion from the findings of this study, attitude towards the practice of RMC were revealed to be positive where majority of the respondents strongly agreed and agreed that those who go for RMC are wise and they also belief that RMC are not exclusively for the sick. while for cultural factors that influence the practice of RMC are strong faith in God contributes to good health, and also the belief in the preventive qualities of routine intake of herbs and roots. Finally, the level of practice of RMC was very poor as there were variations in habits among respondents, below 50 years, above 50 years and also respondents with chronic diseases and majority of the respondents seek medical attention when symptoms arrive.

References

- Adeyemi O, Timothy T, Oluwanimodimu D, Tosin T. Knowledge of Diabetic Complications and Practice of Routine Medical Check-up among Type 2 Diabetics in Nigeria. *Journal of Advances in Medicine and Medical Research*, 2018; 25(4):1-8.
- Akande TM, Salaudeen AG. Practice of periodic medical examination among hospital workers in a Nigeria Teaching Hospital. *Nigerian Quarterly Journal of Hospital Medicine*, 2004; 14(3):206-210.
- Albaloushi NN, Alomair SA, Ali SI. Attitude towards performance of medical check-up: A survey from Eastern Province of Saudi Arabia. *International Journal of Engineering Research and Applications*, 2015; 2:57-59.
- Alzahrani AM, Felix HC, Stewart MK, Selig JP, Swindle T, Abdeldayem M. Utilization of routine medical checkup and factors influencing use of routine medical checkup among Saudi students studying in the USA in 2019. *Saudi Journal of Health Systems Research*. 2021; 1(1):16-25.
- Aremu AB, Afolabi IB, Salaam M, Awunor NS, Sulayman AA, Ilori O, *et al.* Prevalence and Factors Associated with Routine Medical Checkup among Patients Attending Masaka Regional Referral Hospital, Uganda. *International Journal of Advanced Research*. 2021; 9:97-105.
- Asuke S, Babatunde JM, Ibrahim MS. A comparative analysis of the awareness and practice of periodic health examination among workers of public and private establishments in Zaria, North Western Nigeria. *Archives of Medical and Surgical Research*. 2017; 2(2):38-42.
- Cheah YK, Meltzer D. Ethnic differences in participation in medical check-ups among the elderly: Evidence from Malaysia. *Journal of General Internal Medicine*. 2020; 35:2680-2686.
- Du M, Li P, Tang L, Xu M, Chen X, Long H. Cognition, attitude, practice toward health checkup and associated factors among urban residents in southwest China, Sichuan province, 2022: A community-based study. *Journal of Public Health*. 2023; 8:1-12.
- Eke CO, Eke NO, Joe-Ikechebelu NN, Okoye SC. Perception and practice of periodic medical check-up by traders in South East Nigeria. *Afrimedical Journal*. 2012; 3(2):37-42.
- Eley NT, Namey E, McKenna K, Johnson AC, Guest G. Beyond the Individual: Social and Cultural Influences on the Health-Seeking Behaviors of African American Men. *American Journal of Men's Health*. 2019; 8:90-93.
- Fazal F, Shahani HA, Gondal MF, Tanveer U, Haider M, Us Sabah N, *et al.* Attitudes and Factors Determining the Practice of Routine Medical Checkups in the People of Rawalpindi, Pakistan: A Cross-Sectional Study. *Cureus*. 2023; 15(5):38843-38849.
- Galdas PM, Cheater F, Marshall P. Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing*. 2005; 49(6):616-623.
- Gosadi IM, Ayoub RA, Albrahim HT, Alhakami MS, Ageely EH, Alwadani RS, *et al.* An assessment of the knowledge and practices of adults in Jazan, Saudi Arabia, concerning routine medical checkups. *Patient Preference and Adherence*. 2022; 6:1955-1969.
- Ilesanmi OS, Omotoso B, Alele F Amenkhienan I. Periodic medical check-up: Knowledge and practice in a community in South West Nigeria. *International Journal of Public Health Research*. 2015; 5(1):576-583.
- Mohammed B, Usman H. Factors Influencing Utilization of Routine Medical Check-Up Services among Staff and Students at the Ahmadu Bello University (ABU), Zaria Medical Center. *Gusau Journal of Sociology*. 2023; 4(1):76-86.
- Oguntoye OO, Yusuf M, Durowade KA. Perception and practice of routine medical check-up by health workers at a tertiary health facility in South-West Nigeria. *International Journal of Medicine and Biomedical Research*, 2017; 6(3):151-162.
- Ojong IN, Nsemo AD, Aji P. Routine medical check-up knowledge, attitude and practice among health care workers in a tertiary health facility in Calabar, Cross River State, Nigeria. *Global Journal of Health Science*. 2020; 12(8):27-34.
- Usman SO, Edet-Utan O, Suleiman A, Isola IN, Ojogbede A, Akintayo-Usman NO, *et al.* Periodic medical check-up among residents of three Nigerian South-western States. *Journal of Contemporary Medicine*. 2016; 6(3):174-182.