AN ASSESSMENT OF STAFF AND STUDENTS' UTILIZATION OF ROUTINE MEDICAL CHECKUP IN AHMADU BELLO UNIVERSITY ZARIA, MEDICAL CENTRE, KADUNA STATE, NIGERIA

BY

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DECLARATION

I hereby declare that this dissertation entitled **"An Assessment of Staff and Students' Utilization of Routine Medical Checkup in Ahmadu Bello University Zaria, Medical Centre, Kaduna State, Nigeria"** is a product of my research effort. It has not been presented or published anywhere by any person, institution or organization, or used for any previous application for a degree or other qualification. All sources of information have been duly acknowledged by means of references.

_____ _____

Binta Mohammed **Date**

CERTIFICATION

This dissertation entitled: **"An Assessment of Staff and Students' Utilization of Routine Medical Checkup in Ahmadu Bello University Zaria, Medical Centre, Kaduna State, Nigeria."** by Binta Mohammedmeets the regulations governing the award of the Degree, of M.Sc. Sociology of Ahmadu Bello University, Zaria, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This dissertation is most and affectionately dedicated to my Late father Alh. Mohammed Saleh.

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ABSTRACT

The study was the Assessment of Staff and Student's Utilization of Routine Medical Checkup in Ahmadu Bello University Zaria, Medical Centre. The objectives were to determine whether staff and students of ABU, Zaria are aware of routine medical check-up, to determine the attitude of staff and students of ABU, Zaria towards routine medical check-up, to investigate the utilization patterns of routine medical check-up by staff and students of ABU, Zaria, and to ascertain the factors influencing the utilization of routine medical checkup among staff and students of ABU, Zaria from carrying out routine medical check-up. Relevant literature were reviewed in line with the study objectives and the Desire, Belief Oppotunity theory ***and health belief model were*** *adopted to explain the phenomenon being studied. The study was conducted in Ahmadu Bello University main campus Zaria. The study population were Ahmadu Bello University Staff and Students. Both probability and non probability sampling techniques were adopted to select the sample for the study.total of 287 respondents were drawn across the five(5) selected faculties in A.B.U. main campus. The quantitative data collected using the questionnaire were analyzed using Statistical Package for Social Sciences (SPSS version 20) while data (indepth interview) were transcribed and presented in prose form.Based on the research conducted, the study found out that majority of staff 87.3% and significant proportion 76.9% of students are aware that ABU medical centre carries out routine medical checkups, majority 91.2% 0f students and 87.3% of staff stated that they carry out routine medical checkup only when they sick.The study gathered that 75.5% of the respondents said they have anxiety to checkup because of the result of the test which affect their decision to seek for medical examination, 80.7% of the respondents said that long waiting time in ABU medical centre hinders them from going for medical examination,73.8% of them said that poor communication between the doctors and patients influence their decision to seek medical assistance in ABU Medical Centre, in conclusion most of the staff and students are aware of routine medical checkup, and are also aware that ABU Medical Centre carries out routine medical checkups. Most of the students got their information during orientation programmes organized for new students on admission and the staff got their information from friends and collegues.most of the respondents do not go for routine medical checkup, their reasons for non participation were fear of the detection of abnormal diseases, fear of stigma and lack of time and only attend medical checkup they are sick..It was suggested that awareness and sensitization programs should be intensified and taken round staff offices and students hostels in ABU,staff and students should develop a positive attitude towards routine medical checkup to prevent the negative effect on them and the University management should improve the medical facilities and supply adequate drugs at the health centre for Staff and Students.There should also be urgent institutional educational programes to improve knowledge, inculcate the right attitude and promote behaviour that prevent neglegence of proper health care.*

CHAPTER ONE

INTRODUCTION

1.2 Background to the Study

The precise beginning of routine medical checkup is not clear. Many writers have traced its intellectual beginning to the British phisician Horace Dorbell, a renowed clinician, author and expert on turberculosis and diseases of the chest (Han,1997). Dorbell advocated an exhausive history, a meticulous physical examination and the use of laboratory tests. The comprehensiveness of his exercise revealed the conviction that the slightest physiologic deviation had pathogenic relevance and that its early detection would yield therapeutic power. In 1922, the American Medical Association (AMA) officially endorsed routine medical checkup and began a campaign to spread its practice. By early 1960s, a sign of broadening public acceptance of routine medical checkup had finally emerged. Currently, routine medical checkup has gone from being ignored to being demanded by the general public, and from being resisted to being recommended and redefined by the medical profession (Han,1997).

According to Akubue (2000), routine medical checkup is the process of checking our health by the physician to ensure that we are in good health. However, for this to be effective, the checks must be regular which may be monthly, yearly or every 3 to 5 years as expected by the type of health check. Therefore, the World Health Organisation (WHO, 2010) has defined routine medical checkup as a form of preventive medicine involving thorough history, physical examination and screening of asymptomatic persons by physicians on a regular basis as part of a routine health care process. Routine medical checkup is known under several other names; periodic health evaluation, periodic health examination, annual physical, comprehensive medical exam, general health check and preventive health examination (Moss, 2014).

WHO (2002), has stressed that presence of non-modifiable risk factors like age and family history of certain diseases determine the frequency of checkup or screening needed. Likewise, the presence of modifiable risk factors like alcohol consumption, smoking, unhealthy diet and physical inactivity is important in determining the frequency of checkup. In addition, the frequency of routine medical examination increases if there is a health problem that requires continuing care.

Globally, WHO (2015) in a transversal study revealed that majority of people who displayed positive health behaviours and seeks health care services at intervals aged 60 years and older. WHO estimated that an average of 81.8% in America, France (79.4%), Russia (84.4%), Germany (75.3%) carry out routine health check yearly. A country study conducted in India (56%), Pakistan (60%), Malaysia (71.1%), Saudi-Arabia (77%) had good knowledge about routine health check while routine medical checkup was low in Kenya (27.2%), Nigeria (43.2%), Ghana (47%) respectively (WHO, 2015). In Nigeria, it was estimated that 34 percent of women perform regular health checkup. These women pay varying levels of attention to health issues and give differing levels of priority regarding medical check-up (Eke, Eke, Joe-Ikechebel & Okoye, 2012). A 2014 - 2015 study on the perception and practice of periodic medical checkup in South East Nigeria reported that 54.9% were aware of periodic medical checkup. Another study on the periodic medical checkup, knowledge and practice in South West Nigeria showed that 62% have ever heard of periodic medical check-up, 79% of those who have heard had ever had it done and only 48.2% among those who had ever done it had frequent medical check-up. Fifty percent had general medical examination, 9.6% did yearly while 8.1% did every two years. The uptake of periodic medical check-up or preventive screening services has been shown to be

poor in North West with 36.2%, North East (26.5%) (Ilesanmi, Omotoso, Alele& Amenkhienan, 2015).

Disease prevention is recognized as an important strategy for reducing morbidity and mortality from different diseases. It is a cost-effective way to improve population health, and routine medical checkup is one of the tools for diseease prevention. It allows most diseases and risk factors to be detected at an early stage (Akande & Salaudeen 2004). During routine medical checkup, some non-communicable diseases such as hypertension, breast cancer, cervical cancer, prostate cancer and diabetes mellitus can be detected and any deviation from good health can be noticed and managed in the form of preventive or curative services. Thereby, reducing the mortality associated with them (Nakanishi, Tatan and Fujiwara, 1996; Moser, Patnick and Beral, 2009). In addition, routine medical checkup allows people to have good knowledge of their health status which may require adjustment of lifestyle. This understanding has led to global campaigns for people to undergo routine medical checkup at regular intervals, in order to prevent or detect early, any disease that has no observable physical signs or symptoms (Akande & Salaudeen 2004).

In most developed countries, there are well-established patterns of routine medical checkup extending through out life (Barnes, 2006). In developing countries, it is common for people to think they are in a good state of health when they do not observe any physical signs of diseases that threaten their lives. As such, they are reluctant to go for medical checkup. Si-Qing, (2009) stated that, It is essential to have periodic medical examination since these chronic diseases have a heavy socio-economic burden on individuals and account for more than 60% of the overall global burden of diseases.

In the same vain, Albaloushi *et al* (2015) have asserted that many diseases with high mortality rate are preventable either by primary or secondary prevention. Primary prevention aims at arresting the disease before they occur by providing a healthier life style or by immunization while secondary prevention aims at detecting and treating early asymptomatic disease before its development. Therefore, as part of secondary prevention routine medical checkup is important for detection of diseases at their early stages. Routine medical checkup is a preventive medical measure for all ages, irrespective of sex. It is against this background that the study assessed routine medical checkup among staff and students of Ahmadu Bello University, Zaria.

1.2 Statement of the Research Problem

Although, routine medical checkup is a significant aspect of preventive medicine but, it is neglected, especially in developing countries, odenigbo (2001), reported that in many developing counties few people go routine medical checkup to monitor the risk factors associated with some chronic diseases which are the major cause of death and disability. In Nigeria, chronic diseases are projected to account for about 24% 0f all death some of which, if detected early through routine medical checkup, could have been successfully treated. An example of such diseases is hypertension which is one of the most prevalent non communicable diseases (NCDs) worldwide. Hypertension is responsible for an estimated 45% of deaths of due to heart diseases and 51% of deaths due to stroke globally (WHO,2013), and eight million people suffer from hypertension. Additionally, four million people suffer from diabetes and 100,000 cases of cancer are diagnosed each year in Nigeria (Ekpenyong, 2012), these late discoveries are mostly due to lack of routine medical checkups.

In Nigeria, preventive health care services are currently available in most tertiary hospitals, but they are provided in multiple service points, and by different specialist health professionals.

Little attention is paid to preventive medicine, and routine medical checkup, this negligence is responsible for the increasing incidence of chronic diseases that could have been averted if regular health examination was done. Babatunde and Ikimalo (2010) stated that the health care services are often poorly utilized, not only because of the lack of awareness, poor attitude towards the services and the fact that the clients are used to accessing medical care only when they are sick (Woolf and Atkins (2010); but also because of the time and inconveniences of accessing the required services, at various service points in the hospitals.

According to Olarinde and Olatunji (2014), the current health-seeking behaviours of staff and students in tertiary institutions comprises self-medication and accompanying drug misuse/abuse, patronage of patent medicine stores, traditional medicine practitioners, spiritual healers, quacks and non-orthodox practices. Payments for these practices are out-of-pocket. Some students also access private medical insurance, particularly during out-of-session periods. Within the tertiary institutions, there is an institutional medical fee, charged with tuition expenses which cover access to the available health services in the institutions. However, there is low utilization of routine medical checkup amongst staff and students resulting from long waiting time at the clinic, anxiety about the result, issues related to the lack of confidence in personnel by students and staff, and perceived lack of confidentiality and inefficiency in service delivery, which constitute huge problem in carrying out routine medical checkup among the institutional stakeholders. Akande & Salaudeen (2004) stressed that some of the factors preventing hospital presentation and thus increasing mortalities include inadequacy of systems that is protecting and promoting workers' health and cultural taboos especially regarding the female body. Lack of knowledge on the benefits of routine medical checkup and absence of

policy on routine medical checkup have been identified as important factors preventing people from participating in health screening.

The performance of staff and students at different level is related to their health status. Staff and students with diseases that can easily be diagnosed through medical checkup perform below standard. Routine medical checkup will serve as a medium for health promotion. For instance it is suspected that long waiting hours increase the risk of sudden death from too much occupational stress. It is worrisome that with the presence of high level of literacy in ABU there are cases of people dying from asymptomatic diseases. Deaths from asymptomatic diseases in a higher institution like ABU which has well-trained medical personnel is a problem that needs to be unraveled.

1.3 Research Questions

1. Are Staff and Students of ABU, Zaria aware of routine medical checkup?
2. What is the attitude of Staff and Students of ABU, Zaria towards routine medical checkup?
3. What are the utilization patterns of routine medical checkup services by Staff and Students of ABU, Zaria?
4. What are the factors influencing the utilization of routine medical checkup among Staff and Students in ABU, Zaria medical centre?

1.4 Aim and Objectives of the Study

The aim of the study is to assess the Staff and Students' Utilization of Ahmadu Bello University, Zaria, Medical Centre, Kaduna State, Nigeria. The specific objectives are as follows:

1. To determine the level of awareness of routine medical checkup among Staff and Students of ABU, Zaria

2. To assess the attitude towards routine medical checkup among Staff and Students of ABU, Zaria
3. To determine the pattern of utilization of routine medical checkup services by Staff and Students of ABU, Zaria.
4. To identify the factors influencing the utilization of routine medical checkup among Staff and Students in ABU, Zaria medical centre.

1.5 Significance of the Study

The study provides basic information that are needed for organizing programmes that aim to improve awareness of routine medical checkup among staff and students of ABU, Zaria. The result of the study will also serve as a source of relevant literatures for further researches, as other scholars who may wish to conduct research on routine medical examination may use the findings of this study for relevant information.

The study would help the university health service, the government and other healthcare providers to develop better management capacity for provision of routine medical checkup in tertiary institutions in Nigeria. This will encourage massive routine medical checkup and how to reduce mortality arising from asymptomatic diseases as the management component on the health sector and the institutionalization of realistic management strategies for a better health care delivery.

This study also provides a general framework for health managers to improve more on the skills of health administration for effective and efficient organization of the health system in ABU, Zaria.

1.6 Scope of the Study

The primary concern of this study is to assess staff and students utilization of routine medical checkup in ABU, Zaria medical centre.

The study was delimited to the ABU Medical Centre, Samaru Campus. To achieve this, the study covered academic and non-academic staff and undergraduate students of Ahmadu Bello University Samaru, Zaria. Although, ABU has two campuses and a number of centres and divisions, the study was restricted to the staff and students in the 11 faculties in the Samaru Main Campus.

1.7 Definition of Key Terms

Assessment: This is the act of judging or deciding the amount, value, quality, or importance of something or the judgement or decision that is made.

Attitude: An attitude is an expression of favour or disfavour toward a person, place, thing, or event. It is also a settled way of thinking or feeling about something (Merriam Webster Dictionary).

Routine medical checkup: This is a form of preventive medicine involving thorough history physical examination and screening of asymptomatic persons by physicians on a regular basis as part of routine health care process.

Utilization: This is simply the action of making practical and effective use of something.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter reviews relevant related literature on routine medical checkup. As such, it was organized under the following headings: awareness of routine medical checkups, attitude towards routine medical checkup, utilization patterns of routine medical checkup services, and factors influencing the utilization of routine medical checkup.

2.2 Awareness of Routine Medical Checkups

Information on routine medical checkup is a powerful stimulus to its effectiveness. This information should be directed at the general public, staff, students as well as the governmental administration (WHO 1967). Such effort would help to remove negative attitude towards routine medical checkup. Non Communicable Diseases (NCDs) are a major health burden in the industrialized countries, and are increasing rapidly in the developing countries owing to demographic transition and changing lifestyle (WHO, 2003). Although these lifestyle diseases have become important threats to the health of adults in sub-Saharan Africa, efforts to detect these diseases are haphazard and prevention targets are largely non existent (Nissinen, Barrios & Puska, 2001). Most people tend to take good health for granted. Every major ailment first manifests itself as minor symptoms, which are often not noticed and hence, neglected. As such, proper preventive health checkups are necessary for early detection and diagnoses of this health conditions (Chobanian, Bakris, Black, Cushman, Green and Izzo, 2003).

In a study conducted in 13 countries in Asia-Pacific region on statutory medical examination in occupational health, respondents saw statutory medical examination as a tool for education, early

detection and intervention for occupational health problems, some knew it was directed at workers exposed to occupational harzards. They also said that governmental surveillance is usefull for ensuring compliance (Tze-wai & Tai, 2002). This may imply that they had some knowledge about routine medical checkup. In a research conducted to assess knowledge, attitude and practice of routine medical checkup in HongKong, the commonest source of information of medical checkups was advice from the doctors (50.3%) (G.H.S.A.R., 2008). Other sources included advice from family members and friends (21.5%) and pamplets and posters in clinics or medical laboratories (12.3%).

Government and non-government organizations have attempted to find ways to be able to provide healthcare facilities to the population. However, the perception of the people towards the issue of healthcare in this regard has largely been ignored. This has been observed by Brown, Gubrium and Ogbonna-Hicks (2004) who cite that investigators have focused primarily on healthcare needs and access issues so far, rather than perceptions, values and health behaviours of the individuals. In the Indian context, despite rural communities lacking relevant information, it has been observed that socioeconomic status and family background has a great impact on procuring healthcare services. A major problem in rural India is illiteracy and the lack of awareness of potential health threats. Researchers working in the area have reported that the illiterate population has very little or poor knowledge about symptoms, transmission, prevention and treatment of diseases, and its causative factors. For instance, in case of poor vision, people do not seek treatment, because they think it is a natural process of ageing and therefore do not see the importance of using healthcare services (Kadarpeta & Kostenzer, 2011).

Pill and Stott (2013) explored the reasons for non-acceptance of the offer of a general health screening in an inner-city practice in Cardiff. Participants offered reasons including crisis at

work and home, current attendance at a doctor and the opinion that the screening was inappropriate. A similar study by Bekelman and Carrese (2006) found that decisional capacity about accessing healthcare is determined by factors such as understanding diagnosis, prognosis, benefits and burdens of different treatment alternatives. Federman, Vladeck and Siu (2005) reported that the cost of visiting a physician was a deterrent among elderly participants. One investigations by Edgerton and Bentz (2009) that explored attitudes and opinions about mental illness programme services in North Carolina found that respondents were not aware of the services that existed in the community. They felt that treatment programmes are needed, but were not sure what they should be. Investigations comparing urban and rural samples have reported interesting findings. For instance, Stuifbergen (2009) found that rural residents reported greater barriers than urban residents and Brems, Johnson, Warner and Roberts's (2007) investigation on rural and urban samples concluded that small rural communities report the severe most barriers.

In Nigeria, there is currently no mass screening program for detection of cervical cancer, and services are only scantly available in teaching hospitals and are not adequately utilized. The major factors against under utilization of the limited services were reported to be lack of adequate knowledge which influence screening visits for results and adherence to treatment and medical advice (Ngoma, 2015). Fylan (2008) examined factors influencing workers participation in a screening programme, he discovered that their psychological reaction to the receipt of an abnormal result, and experiences determined their choice of health screening. Reasons given for their non participation was lack of awareness of the indications and benefits of the test, and fear of embarrassment, pain, or detection of abnormal disease. It was also reported that the receipt of an abnormal result and referral cause high levels of distress.

According to Nutbeam (2008), the health prospects of individuals in a community are basically determined, in part, by functional health literacy, cognitive awareness and available health information at their disposal. These are modified by the cultural settings, educational opportunities, behavioural skills developed and socio-economic variables that underpin social life in the community. It is now well known that health behaviour has links to health outcomes and these links in turn are dependent on factors associated with health literacy (DeWalt, *et al.,* 2004), cognitive awareness, health care services, available health-related information and decision-making process at the individual level. Beyond the individual micro-level are the political-environmental and policy processes (Glanz, *etal.,*2008) that are required to establish certain resources that influence quality of life for all its citizens, including information resources.

It is important to note that health education plays a significant role in closing knowledge gaps created due to disparities in social opportunities, even though this process may be painfully slow, it has been identified as the most effective method of preventing disease than any other intervention (Glanz, *et al,* 2008). DeWalt, *et al.,* (2004) reported that lack of functional health literacy is an important factor responsible for a considerable proportion of individuals failing to follow medical directives for health maintenance.

2.3 Attitudes Towards Routine Medical Checkup

Attitude is a psychological construct which expresses one's disposition towards an issue. One's behaviour can be inferred from his or her disposition to situations. In other words, knowledge about an issue determines attitude towards it which in turn influence the behaviour. Al Sulaiman et al. (2008) found that there was positive attitude of Saudi population towards health screening and the majority of participants agreed that the program should apply to all persons in all regions

of Saudi Arabia. Result of the study by Black and Meyer (2009) showed that there was an overall positive attitude toward regular health testing among the respondents aged 14-95 years of German sample. Also, Hassan et al. (2001) reported that 80.9% of respondents in Alexandria, Egypt, supported the idea of routine health examinations. According to Al-Khaldi et al. (2002), the results of a study conducted to explore the attitude of the students of Health Sciences College in Abha, towards genetic screening illustrated that 70% of the participants accepted it. The Alexandria study conducted among nursing students showed that 65.5% of them had a positive attitude towards health counseling (Mitwally and Abd El-Rahman, 2000). On the other hand, the Syrian study reported that although students had some positive attitude, they still had negative attitude and perceptions towards other aspects of health screening programme (Gharaibeh and Mater, 2009). Koszegi (2003) suggested that patient's anxiety may influence measurable health outcomes and patient behaviour. It has been observed that an individual's willingness to access healthcare facilities may be influenced by the psychological concept of health locus of control (HLOC). Internal LOC refers to situations where the individual attributes internal causes such as one's own actions, whereas those with external LOC attribute external causes such as destiny, or powerful others to their life events. HLOC refers to the predictability of LOC in health-related situations (Wallston, 1992). Norman, Bennett, Smith and Murphy (1998) found that those with internal HLOC are more likely to participate in a higher number of health behaviours as compared with others. HLOC may be considered a vital component of an individual's health-related attitudes and behaviours.

Attitude towards routine medical checkup influences the practice of it. Among health workers in a Nigerian teaching hospital, while 86.7% considered routine medical checkup to be necessary, only 20.6% ever had routine medical checkups. For employees whose mean period of

employment was 9.8 years the mean number of times they ever had routine medical checkups was 2.1. This is a group of the population that has ready access to health care and should be models to others (Akande & Salaudeen, 2004). The situation in the general population can be imagined. Also, it seems that most Nigerians when requested to undertake medical examination for job, school entry or travels would expect the doctor to issue a medical report without being examined because they assume they are healthy.

In a study conducted by the Center for Public Policy Alternative (2013), 35% of the respondents claimed the last time they fell ill was about a month ago or less, while 65% said within three months or more. Only about four in every ten of them visit a doctor/hospital when they fall ill, one in every five self-medicate, others either visit a chemist (18%), traditional healer (17%) or religious centres (1%). Overall, more people would prefer to seek medical assistance once every six month or once annually. In the same vein, Eke*et al*, (2012) reported that most (74.9%) of their respondents were aware of routine medical checkup. This may be as a result of their formal education. They indicated that all females knew about periodic medical checkup while only 67.9% of males did so. This might be due to non chalant attitude of many males towards health care as well as the fact that the females might have been educated on that during antenatal visits when pregnant. Also, one hundred and fifty four (63.6%) of respondents felt everybody needs medical checkup while 36.4% felt it is for the sick only. Majority (59.9%) of respondents felt one should go for medical checkup monthly, then every 6 months (19.4%).

While attitude towards medical check is influenced by a person's background, early detection is important in the management of health problem. Ayinde, Omigbodun, & Ilesanmi (2014) identify several reasons for the late presentations to includes ignorance about the symptoms, fatalistic attitude (fear of death from the disease), readiness to attribute neoplastic disease to

supernatural causes thereby resulting in delays in seeking help, fear of confirmation of suspicion and of course the perennial problem of low coverage of the population by health centre services especially the rural areas.

The attitude of people towards screening test for instance HIV/AIDS is also a matter of concern. HIV screening is the testing of particular groups of people for epidemiological public health reasons. HIV testing was initially developed for screening donated blood but the testing is now carried out for variety of reasons and can be categorized into anonymous screening, voluntary and compulsory testing in hospitals and laboratories. The greatest fear about AIDS is the fear of being subjected to HIV screening test. To ascertain the opinion of people regarding the reality of the AIDS pandemic, Anugwom (2004) in his research on publics' perception of HIV/AIDS observed that the majority of respondents saw HIVAIDS as not really in existence, that the respondents mostly see AIDS as part of politics of developed nations using the pandemic to put Africa in place. He said this is worrisome when one puts this sort of revelation against the fact that the respondents are educated who are supposed to be very informed and develop positive attitudes towards medical examination to ensure a balance health status.

According to Black and Meyer (2009), results of a study reported in 2010 from King Abdul-Aziz University found that most of the student's attitudes favour the health screening program but there were concerns regarding mandating the testing and interference with individual decision making. Hassan et al. (2001) reported that the majority of medical students emphasized the free choice of the health screening and less than one third had a positive attitude towards the results. Egbochukwu and Imogie (2002) stated that Nigeria has the highest number of sickle cell disease sufferers (a genetic disease) in the world with prevalence found to be 10 persons with sickle cell disease per 1,000 population or 2%. Ehigie (2008) carried out a research on knowledge and

attitude towards genetic screening for sickle cell disease among secondary school students in Kwara State, Nigeria. The pretest obtained by the students indicated a low level of regular checkup of the disease born out of fear.

2.4 Pattern of Utilization of Routine Medical Checkup Services

Different types of health checks are advocated for individual, families and the entire community for adequate prevention, maintenance and promotion of health. On the analysis of types of health checks, according to a report by Family Doctor Org (2007), adult women should have their weight, blood pressure and cholesterol levels checked regularly. They should have pap smear screen for cervical cancer at least yearly starting from age 21 or approximately 3 years after they have sex for the first time. After the age of 40, women should have a mammogram every 1 to 2 years to screen for breast cancer. At the age of 50, they should also be tested for colorectal cancer. Adult men should also have their weight, cholesterol level and blood pressure checked regularly. Men over 50 should also be tested for colorectal cancer.

Bellah (1993) stated that health care maintenance is the investment in routine examination and screening for detection and treatment of infection at early stage. The concept of keeping healthy by regular checkups instead of just treating diseases once they become symptomatic has changed the approach to healthcare. According to Australian Institute of Health and Welfare (2006), occupational diseases and injuries are among the five leading causes of mortality and morbidity in United States and in most countries, ill health impact on a person's quality of life and their ability to participate productively in labour. Accordingly, with regard to woman's breast cancer (BRCA), family history (FH) of BRCA has been scientifically documented as one of the risk factors associated with it (Cherry and Weiss, 2006). Report have showed that majority of cases

of breast cancer occurred in pre-menopausal women, and the mean age of occurrence is 43–50 years across the regions. The youngest age recorded was 16 years, in Lagos.

Adebamowo and Ajayi (2000) also reported that the peak age of incidence in Nigeria is 42.6 years, and that 12% of cases occurred before 30 years while post menopausal women accounted for 20% of cases. In a recent ontological review of cases in Jos, Nigeria, over an 8-year period, Breast cancer (BRCA) was reported to account for 56.6% of all cancer diagnosis between 1995-2002 (Mandong et al., 2004). Among Nigerian women, the peak age of BRCA presentation is about 10-15years earlier than what is observed in Caucasian women, where it occurs between the ages of 35-45 years. Seventy percent of Nigerian women present with advanced staged disease while the five-year survival rate is less than 10% compared with over 70% in Western Europe and North America Okobia et al., (2006). Odusanya (2001), found Breast cancer (BRCA) to be the most common surgical condition women worry about in a list of eleven comparable conditions. According to Odusanya, BRCA is not well understood by women and there is a need for information and enlightenment if they are to present early in hospital. Among Nigerian women, some of the factors preventing early hospital presentation and thus increasing mortalities are thought to include inadequacy of systems protecting and promoting women's health and cultural taboos regarding the female body. Lack of knowledge about BRCA has also been identified as an important factor preventing women from participating in BRCA screening.

Worldwide, more than 140 million people suffer from diabetes, making it one of the most common non-communicable diseases (Zimmet *et al*, 2001). The high prevalence of diabetes in developed countries is well recognized (Alhasmi et al 1995; Rewers & Hamman, 1995;WHO, 1994). In 1998, the World Health Organization (WHO) projected a worldwide adult diabetic population of 300 million and this translated to a 122% rise by the year 2005. A seemingly

uncomplicated diabetes may not sufficiently express the substantial morbidity and mortality associated with the disease. The chances are that even diabetics at their very early stage, and individuals potentially at risk, especially by not going for routine checkup might take the disease for granted. According to the WHO (2011), one in three adults globally has high blood pressure. The proportion increases with age, from 1 in 10 people in their 20s and 30s to 5 in 10 people in their 50s.

In Africa, prevalence of high blood pressure is also very high, with over 40% of adults in many African countries thought to be affected. A recent community based study of rural and semi urban population in Enugu, Nigeria put the prevalence of hypertension in Nigeria at 32.8% while a meta-analytical study published recently estimated the country wide prevalence to be between 12.4% and 34.8%. The disturbing reality of this statistics is that between a staggering 20,088,000 and 56,376,000 (WHO, 2011).Clinical preventive services are designed for healthy individuals, but are delivered in a clinical setting, by a health care professional. The services include immunization, disease screening, and behavioral counseling interventions that assist patients in adopting, changing, or maintaining behaviors known to affect health outcomes or health status (Salinsky, 2005).

In Nigeria, a study carried out in 2008, reported a prevalence of 3.2% for overweight and 0.5% for obesity among adolescents in Osun state (Olumakaiye, 2008). The WHO (1992) stated that actions may be taken by and/or on behalf of individuals and groups to create living conditions which are conducive to health and the achievement of healthy lifestyles. An individual may carry out the check on him or herself on a regular basis for example a man or woman may check his or her breast for a lump or test the blood sugar level, another form of health check is when a person goes to doctor for medical checkup not related to any illness. Bellah (1993) advocated that health

care maintenance is the investment in routine examinations and self-examination and regular checkups are important for early detection. The sixth global conference on health promotion held in Bangkok, as cited in the Federal Ministry of Health National Health Policy (2006), defined health promotion as the process of enabling people to increase control over their health and its determinants, and there by improve their health. It is the core function of public health and contributes to the work of tackling communicable and non-communicable diseases and other threats to health. It therefore shows that it involves a multi disciplinary application of skills and roles of a wide range of field staff within health and other services such as nurses, doctors, teachers etc. Participation of the people and their communities in improving and controlling the conditions for health is a core principle in health promotion.

The overall health examination of tertiary institution staff and students determines to a large extent the fitness of the staff and student to be able to participate actively in the school activities. More often than not, the health examination is conducted by a doctor or the school nurse as the case may be. In some cases, the school admission procedure may require each student to bring a medical report as regards general health, blood group, x-ray results, ear and eye tests. This would form the basis on which the students' health will be continuously monitored. All this will help the student to be able to participate and function well in academic activities. The health examination of staff and student in some cases include the laboratory tests such as blood group, hemoglobin level in order to determine anaemia, urine test is also important to detect diabetes. While on the other hand the stool test to detect worm manifestations put on test to affirm absence of tuberculosis and finally, chest x-ray is to detect absence of tuberculosis or any defect Lucas, and Gilles (1990). A comprehensive health examination in a learning environment will include in addition to the above medical examination of a medical history, general appearance, height and

weight (to find out the nutritional status) head, neck, nose and throat, skin, muscular and skeletal systems, and neurological system.

2.5 Factors influencing the utilization of routine Medical Checkup

Many health problems are preventable and curable through improved access to health care services. Thus, access can be regarded as the availability to health care services; it is argued that access is shaped by factors influencing the use of services. According to Wyss (2003), system infrastructure affects access by accommodating or limiting use through hours of operation, the appointment system, walk in facilities and telephone services. Culture can influence access through inherent inequalities in the social system. Gender also affects access, pushing women into gender specific roles that negatively influence their health or force to seek permission to obtain health care. In addition, cultural beliefs, communication between patients and doctors, patient waiting time and modes of transportation to and from the facilities are factors that influence individuals' access of health care services.

There are many barriers to seeking health care. These include economic, transportation, long waiting time at the clinics; and lack of knowledge of where to go for affordable health care. Some people tend to use alternative or complimentary medicine first and then seek medical help if these practices are not effective (Isabel et al., 2006). Delaying presentation at the hospital after the onset of symptoms has been attributed to misunderstanding of the seriousness of signs and symptoms (O'Carroll *et al*., 2001). Most individuals underrate the severity of their illness until it gets worse. Among the educated populace, it is expected that their response should be to see the doctor immediately.

Christos *et al*., (2006) asserted that delay in seeking medical care is common and constitutes a major unresolved public health problem. Many factors influence individual response when they fall sick. These factors could be mainly personal but can be affected by the individual's view of his illness; attitudes about his illness; available health care; cultural and economic factors; and personal reluctance or will to seek medical attention. The perceived severity of the illness, its intensity and frequency also tend to force the individual to take steps to get well or make precise decisions in other to get better. Behavioral factors influence outcome but other economic, structural and institutional factors contribute to delays in treatment seeking. These include health facilities, quality of care and time, costs as well as transportation and ability (or not) to pay for prescriptions (Catharina, 2003).

A survey by Common Wealth Fund International Health Policy (2006) in USA,UK, Canada, Australia, New Zealand, and Germany show that 23-58% of those surveyed stated that they were able to see a doctor same day; 13-23% were able to see their doctor next day for treatment while 3-3 6% had to wait for 6 days or more to see a doctor. In the same study 45.71% claimed that it took them hours to see a doctor while 14.29% had to stay for days and 3.43% had to wait for a week or more. These delay factors lead to late presentation of patients and worsening of their complaints and symptoms. Previous studies have investigated factors associated with delay in seeking medical attention when sick and suggested that a variety of demographic, behavioral and clinical characteristics account for this delay (Khun & Manderson, 2007). A survey carried out in 2007 by Common Wealth Fund International Health Policy found out that Americans still rely on doctors for treatment of serious medical problems. However, it posits that over-the-counter medications and dietary supplement combined with a "do it-yourself" attitude and reliance on

friends, family and the internet to understand health problems, are making consumers more comfortable about treating minor ailments.

Lubbock & Stephenson (2008) determined that poor communication or miscommunication with health professionals also contributed to women's misperceptions and lack of understanding regarding healthy behaviors and potential complications. Reported misdiagnoses or unclear communication from health workers have led to delayed antenatal care visits and home deliveries. Uncomfortable or negative past experiences in receiving care that includes lack of attendance, excessive waiting times, and embarrassing physical examinations discouraged women from seeking care at health facilities. Of recent, health workers particularly doctors have suffered various forms of physical abuse from patient relations who cannot understand why they had the undesirable outcome from services received. While poor quality of healthcare is largely responsible for this, poor doctor-patients/relations communication is also a factor. Deficiency in excellent communication and information dissemination is mostly in the field of health particularly in developing countries. A study in a teaching hospital found that only two-third of the patients knew the diagnosis or nature of their ailment despite most (85.2%) of them being seen by doctors for at least a week. Less than half (42.2%) felt they received adequate information about the nature of their ailment and only 24.2% were told the likely outcome of their illness. Almost all (93.9%) of the respondents were interested in knowing the findings from their laboratory test but only 52.2% were told the findings (Akande, 2004). The problem of communication does not lie with the doctors alone as only 18.6% of those who were interested in having information from their doctors bothered to ask for such information. Patients have the right to be well-informed about the management of their illness. Adequate communication is often hampered by congestion of patients in the clinics and heavy work load. The tertiary health

facilities provide extensive primary and first referral care to clients and are therefore usually overwhelmed with patients which make adequate attention difficult to achieve. Poor doctor-patient communication is also a symptom of sick health system (Akande, 2004).

According to Iliyasu et al (2006), detection of HIV antibodies in blood is the one of the most popular test utilized in determining whether or not an individual is infected with the HIV. Limited accessibility and low uptake of HIV testing evidently exists in individuals living in resource-poor settings as fewer than 10% of their population know their HIV status. Studies by Weiser *et al.* (2006) and De Wit and Adam (2008) have revealed a lot of factors that inhibit uptake of HIV testing in developing countries. The documented factors include fear of stigma, anxiety about the result, fear of learning one's status, fear of receiving an HIV positive status, fear of having to change sexual practices with a positive HIV test, psychological trauma, lack of perceived HIV risk, lack of confidentiality, marital disharmony, long distances to Voluntary Counseling and Testing (VCT) sites, time constrains, long delays in returning HIV test results limit people's access to traditional VCT systems infringement on fundamental human rights, fear of living with positive screening, stigmatization, victimization at place of work if positive, incurable nature of the disease and cost of treatment. In Mexico, Romero-Gutierrez (2007) reported that the reasons for declining HIV testing among the women were based on their belief in their husband faithfulness and the need for husband's permission prior to the test. In South eastern Nigeria, the commonest reason for being unwilling to undergo HIV test given by polytechnic undergraduate students was that they were certain they were not infected and fear of the consequences of testing positive -mainly worries related to discrimination and rejection - also hinders HIV testing (Ikechebelu, 2008).

2.6 Theoretical Framework

Two theories were used to explain the phenomenon under study. These are the Desire Belief Opportunity theory and Health Belief Model. These theories sought to explain health seeking behaviours of human being.

2.6.1 Desire-Belief- Opportunity Theory (DBO)

The DBO is a variant of the Rational Choice Theory. It was originally developed by Peter Herdstrom (2005). Herdstrom (2005) formulated the DBO theory of action to provide an oppropriate mirco-foundation for explanatory theories in sociology by using the words desire, belief and oppotunity as the primary theoretical terms.

Thus, the DBO theory is not intended to be an entirely new approach to human action, but instead aims to provide a systematic account of the action – theoretical views that are already pre supposed in many theoretical and empirical studies associated with analytical sociology. According to this theory, desire, belief, and oppotunity are the primary theoretical terms upon which the analysis of action and interaction is based. That is to say, the desire, beliefs and oppotunities of an actor are seen as the immediate cause of the actor's action

In addition, the actor's choice is interpreted along these lines: given the desires the actor possesses, given the beliefs he/she has about the environment of choice, and given the oppotunities he or she confronts, action A is sensible way of satisfying the desires. Thus, beliefs and desires are mental events that can be said to cause an action in the sense of providing reasons for the action. A particular combination of desires and beliefs constitutes a compelling reasons for performing action. They have motivational force that allows us to understand and, in this respect, explain the action.

Therefore, DBO theory was used here to explain the health seeking behaviour of staff and students in ABU Zaria. Routine medical checkup is one among different health seeking behaviours adopted by people in order to maintain and enhance their health conditions. It is established that the importance of routine medical checkup cannot be over emphasized particularly among the staff and Students who are more enlightened people in the society. However, the high rate of cardiovascular attacks and sudden attacks speaks volume to the extent about the negative behaviour of the staff and students towards routine medical checkup. The DBO could explain the possible lackdaisical attitude of the staff and students towards routine medical checkup by examining whether the staff and students do not desire the medical services or that they do not believe in the effectiveness of the services or they simply lack the opportunities to access those services.

The basic assumption of the DBO Theory are:

1. The interacting individuals should be conceived of as the only effective actors in the society.
2. The capacity for intentional action of individual actors is a hidden function of human system. In other words, the capacity of individual actors to consciously choose an action is innate.
3. Beliefs and desires are mental events that cause an action in the sense of providing reasons for the action. Thus, a particular combination of desires and beliefs constitutes a compelling reason for performing an action. That is to say, the desires, beliefs, and opportunities of an actor are seen as the immediate cause of the actor's action.
4. Actors think before they act. The theory assumes that people always think before deciding to act.

5. Actions must be explained in terms of their intentions, that is, actions should be explained by making reference to the future state they are intended to bring about. In other words, this assumption holds that unless weakness of the will of the actor prevents intention, the right type of action follows once the actor has consciously chosen the action alternative that he pursues.

2.6.2 Adoption of Theory

The DBO allows us to understand the behaviour of ABU Staff and Students towards routine medical checkup, what informs their desire to do routine checkup in order to maintain and enhance their health conditions. The staff and students of ABU have the desire to maintain a routine medical checkup; a desire that is predicated on their belief in the effectiveness of the medical services; and the availability of numerous oppotunity manifested in the prevalence of various medical outlets such as the ABU ABU Medical Centre, the UniversityTeaching Hospital and many other Private Hospitals within Zaria Metropolis. Thus, the causal efficacy of beliefs desire and oppotunities as they relate to the health seeking behaviour of Staff and Students in ABU was based on the ideal typical examination.

1. Belief-based explanation: the staff and students desire not to do routine medical checkup despite the availability of medical facilities which is ABU Medical Centre and the University Teaching hospital and other private hospitals but were of the belief that traditional medicine was more medicinal and cost effective and thereby disregarded their available oppotunities of access to orthodox medicine .

2. Desired-based explanation: Regardless of the availabe healthcare facilities and the oppotunities to access such medical care facilities, some Staff and Students do not believe in

routine medical checkup. They believe that it is only when one is sick that they need to seek medical attention. Simply, put, they do not desire routine medical checkup as they do not deem it necessary.

3. Oppotunity-based explanation: some of the Staff and Students believed that the routine medical checkup was necessary and they do not strongly desire to fall victims, However they are confronted with numerous academic and financial challenges that the routine medical checkup does not come top on their priority list. Consequently, they become affected with asymptomatic diseases as they had little or no oppotunity to do the routine medical checkup.

Thus Desire, Belief and Oppotunity theory explains the behaviour of ABU staff and students response towards routine medical checkup by showing their belief in the necessity of the routine checkup and the desire for the checkup given the oppotunities of acquiring the services.

2.6.3 Weaknesses of The DBO Theory

Despite the explanatory strengths of DBO, the theory has been criticized for not paying detailed attention to lower-level psychological mechanisms that underlie individual agency which appears to suggest that, however these mechanism may be, their details are not sociologically relevant.

Similarly, DBO theory states that any viable action should explain an action in intentional terms, which means that ‘we should explain an acion by reference to the future state it was intended to bring about’. Presumably, this act of intending has to be a concious one. The idea behind these views appears to be the following Aristotelian Principle; unless some external factors (or weakness of the) prevents it, the right type of action follows the actors has conciously chosen the action alternative that he /she pursues.

Despite the weaknesses identified, the DBO provides a cogent explanation of the problem under study and was therefore adopted as the theoretical framework of the study.

2.7 Health Belief Model

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists; Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal working in the U.S. The Health Belief Model proposes that people make their health decisions based on their perceived susceptibility to disease, their perceived severity of the disease, their perception of benefits versus costs, and cues to action.

The perceived susceptibility to disease can be described as the subjective perceived risk of contracting a disease. The perceived severity of disease is the subjective feeling concerning the seriousness of disease including medical and social consequences. The perception of benefits versus costs is the evaluation of the effectiveness of different actions that can be taken to reduce the disease threat. Cues to action are those things which signal a person to take action in receiving care such as the advice of a friend, and in the media, or the advice of a healthcare professional. The "perceived barriers to care" part of the model includes emotional, economic, or social, physical, etc. factors that prevent one from seeking care. It encompasses the tangible costs that influence decision to seek care.

The HBM is generally used in research to predict preventative health behaviour, adherence to medical regimens and the utilization of healthcare services (Weissfeld et al. 1987). The model assumes the central role of individual attitudes and beliefs in conscious decision making as they

apply to health promoting behaviours. According to the HBM, the probability that the individual will engage in health behaviour such as routine medical checkup is determined by his or her perceptions and beliefs concerning a health threat and the belief that a recommended action will reduce such a threat effectively.

2.7.1 Adoption of the Theory

Using the Health Belief Model, the attitude to go for routine medical checkup can be seen as a "function of perceived susceptibility to and severity of disease as well as concern about the benefits of routine medical checkup".

The HBM has received considerable empirical support in predicting health promoting behaviour such as going for routine medical checkups (Iriyama et al. 2007), HIV testing and HIV risk behaviour (de Wit and Adam, 2008, Walker, 2009), and adherence to anti retroviral therapy (ART) (Malcolm et al. 2003). Existing evidence suggests that individuals who view themselves as susceptible to a particular infection are more likely to be aware of their health status (de Wit and Adam 2008) and are more willing to accept medical screening advice (Cunningham et al. 2009). Yet, the relationship between perceiving infection as severe and acceptance of routine health checkup is mixed. For example, De Paoli et al. (2004) found that perceived severity was positively associated with intentions to participate in routine medical checkup, but other studies showed a null relationship between these variables (Zak-Place and Stern, 2004). A positive association between the experience of benefits related to health testing and willingness to consider the testing has been found in various studies (Dorr et al. 1999, Zak-Place and Stern 2004, de Wit and Adam 2008).

Additional factors that increase the likelihood of accepting routine medical checkup and participating in health screening have also been identified in the literature including having access to health care facility (Peltzer et al. 2004, Mwamburi et al. 2005, Hutchinson and Mahlalela 2006, Nakanjako et al. 2007, de Wit and Adam 2008); a high subjective personal risk assessment (Cunningham et al. 2009); knowledge of how diseases is transmitted (Hutchinson et al. 2004, Mwamburi et al. 2005, Gage and Ali 2005, Bassett et al. 2008, de Wit and Adam 2008); appropriate positive social support and encouragement from others and a decrease in stigma associated with health checkup (Fortenberry et al. 2002, Spielberg et al. 2003, Gage and Ali 2005, Weiser et al. 2006, de Wit and Adam 2008); and support and encouragement from partners (Hutchinson et al. 2004,Peltzer et al. 2004, Gage and Ali 2005).

Various factors that decrease the likelihood of accepting health checkup and participating in health screening have also been identified in the literature. These include the potential negative consequences of the test result, such as a fear of dying (Cunningham et al. 2009); a low perceived risk of disease infection and a fear of being stigmatized. Other factors that have been negatively associated with testing include concerns about the anonymity and confidentiality of testing (Brown et al. 2008, Cunningham et al. 2009); and not being psychologically prepared to face the possibility of testing outcome (Hutchinson et al. 2004).

In this model, the Conceptual Model of staff and students attitudes include Institutional, Personal, Socio-environmental, and Interface with Health Care as different factors which influence a persons' decision to undergo routine medical checkups. This approach articulates the factors which contribute to one's perception of susceptibility to disease, disease severity, the benefits and risks of treatment, and cues to action. The institutional component of the model encompasses the government, institutions, its agencies and policies. The social-environmental

factor includes cultural attitudes and beliefs about routine medical checkup and screening including lay and expert knowledge. The personal part of the model includes the beliefs of a staff and students related to health screening and preventable diseases. Here, the interaction that an individual has with their health care provider is an important determinant of health decision making. Studies looking at the acceptability of medical checkups have noted that advice from a physician about a healthy life can weigh heavily on individuals decision and feelings of mistrust can negatively affects the decision to seek health service.

This theory and model inform how staff and students make their choices. Routine medical checkups is in most cases an effective and safe means of preventing the spread of diseases, but for staff and students, the decision that they make can be complicated and influenced by multiple factors; thus the perceived susceptibility of their illness, the perceived safety and efficacy of treatment, their personal past experiences with medical screening and the experiences of others, the advice of professionals, their personal health beliefs, etc. all have an impact on a persons' decision to seek routine medical checkup.

2.7.2 Weakness of the Theory

However, despite the success of HBM in informing and predicting a range of patient health seeking behaviours, research shows that HBM's determinants are insufficient predictors of behaviour. There are several limitations of the HBM which limit its utility in public health. Limitations of the model include the following:

- It does not account for a person's attitudes, beliefs, or other individual determinants that dictate a person's acceptance of health behaviour.

- It does not take into account behaviours that are habitual and thus may inform the decision-making process to accept a recommended action (e.g., smoking).
- It does not account for environmental or economic factors that may prohibit or promote the recommended action.
- It assumes that everyone has access to equal amounts of information on the illness or disease.
- It assumes that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process.

A fundamental limitation of this theory is that it ignores factors other than patient characteristics that may impact on health behaviors for example, patients' perspectives of their own illness; psycho-social influences; and the impacts of the socio-economic environment. The HBM is more descriptive than explanatory, and does not suggest a strategy for changing health-related actions.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology adopted for collecting data for the study. The chapter is organized under the following sub-headings; location of study, types and sources of data, population of study, sampling technique and sample size, data collection, data analysis, ethical considerations, and the limitations of the study.

3.2 Location of the Study

The study location is Ahmadu Bello University, Zaria (ABU), located in Sabon Gari Local Government Area of Kaduna State. ABU has two campuses; the main campus which is located in Samaru along Sokoto Road, and Kongo campus which is located in Tudun Wada along Old Jos Road. ABU is the largest university in Sub-Saharan Africa established in the year 1962. Currently, the university covers a land area of 7,000 hectares and has13 academic faculties, two of which are located in the Kongo campus. Two of the faculties, Law and Administration, are in the Kongo campus. The remaining eleven are in the Samaru campus: Arts, Social Sciences, Veterinary Medicine, Pharmaceutical Science, Medicine, Life Science, Environmental Design, Education, Engineering, Physical Science and Agriculture (ABU, 2016).

Other centers and institutions housed within the university includes: Institute for Development Research (IDR), Institute for Agricultural Research (IAR), Institute of Education (IE), Institute of Administration and the National Animal Production and Research Institute (NAPRI), Center for Energy Research and Training and the Center for Excellence and Biotechnology Research. Other educational institutions in the university are: Division of

Agricultural College, Demonstration Secondary School, Staff School, School of Basic and Remedial Studies and a Center for Arabic and Islamic Studies. The total enrolment in the university degree programme is about 35,000 students drawn from all the state in Nigeria. There are also enrolments from Africa and other continents Campus (www.abu.edu.ng, 2016).

ABU was selected for this study because it is the most extensive University in Nigeria both in size and in population, the nature of activities that the staff engaged in coupled with the voluminous students calls for attention into the well being of the staff and students. The major activities embarked upon by the staff delivery of lectures, marking of test and exams scripts, attending postgraduate seminars, writings journals articles, traveling for workshops and conferences and other institutional activities. For the students, they attend lectures on daily basis, study on their own, and engage in other forms of official and unofficial activities. These and other factors inform the need for staff and students to regularly perform medical checkup to know their health status which has direct impact on their occupational and academic activities, and their capacity to live healthy life styles.

3.3 Types and Sources of Data

The study used only primary data, this was obtained from staff and students of the university using questionnaire and in-depth interview guide. They were the direct beneficiaries of the medical services provided by the ABU Medical Centre, and so, were in a better position to respond to the questions asked.

3.4 Population of Study

The population of study comprised staff and undergraduate students of Ahmadu Bello University Main Campus, Zaria. The entirety of the population forms the sample frame which the researcher used to select the sample. Five faculties were selected out of which staff (academic and non-teaching) and students (300level and 400level) were selected for the study. This population were disaggregated into faculties and departments and relevant data were obtained from the university's Management Information System (MIS) office by the permission of the University Registrar, after due submission of application accompanied by a letter of introduction from the Head of Department of Sociology. The data gotten from the MIS indicated that there are 853 staff in the selected five faculties out of which 572 are academic staff and 281 non-teaching staff. Also, there are 1842 300level and 1699 400level students making a total of 3541 in the faculties selected. These staff and students figures were derived from three departments in each of the five selected faculties to constitute the study population and from which a sample can drawn.

3.5 Sample Size Determination

For the **quantitative component of the study**, the sample size was determined using the formula:

$n = \frac{z^2pq}{d^2}$ (Singha, 2002)

Where;

n = minimum sample size required for the study

z = standard normal deviate at 95% confidence interval i.e 1.96

p = level of awareness of routine medical checkup from previous study i.e. 74.9% = 0.749 (Eke *et al*, 2012)

q = complementary probability (1-p) i.e. 1- 0.749 = 0.251

d = margin of error = 0.05

Therefore:

$$n = \frac{1.96^2 \text{ X } 0.749 \text{ X } 0.251}{0.05^2}$$

Therefore, n (minimum sample size required)= 288.9 approximately 289.

In anticipation of non-response, 10% was added to this i.e. 289 + 29, making 318.

3.6 Sampling Technique

For the **quantitative component** of the study, a multistage sampling technique was used to select the respondents. Data collected from the Registry Office indicated that there are 597 Academic Staff in the five selected faculties, 281 Non-teaching Staff and 5,759 Students of 300level and 400level combined respectively. However, 318 constituted the sample sized determined in item 3.5 above. The researcher allocated 40% (127) of 318 to Academic Staff, 20% (64) to Non-teaching Staff and 40% (127) to students covering 300level and 400level. The following stages were followed:

Stage 1 (selection of faculties): From a list of the 11 faculties in ABU Main Campus, simple random sampling by balloting was used to select five faculties. The selected faculties were Social Sciences, Art, Environmental Design, Physical Science, and Life Science.

Stage 2 (Selection of departments): From each of the selected faculties, three departments were selected taking a list of all the departments as the sampling frame, making a total of 15 departments. Here the departments were selected using simple random sampling by balloting.

Stage 3 (selection of the respondents): This was done by stratified sampling, with equal allocation across all faculties studied. First, the eligible respondents in each department were

divided into three categories; academic staff, non-academic staff and students and a sample size of 6, 3 and 12 respectively were allocated to them, making a total of 21 respondents per department. In each department the lists of all the academic staff, non-academic staff, and students were obtained and used as the sampling frame for the selection of respondents. From these sampling frames, the eligible respondents were selected using random number table. In the case of the students, a further stratification was done into 300 level and 400 level and the numbers allocated equally to the levels before selection of eligible students from each of the levels. 300 Level and 400 Level were selected because they are those that stay longer in the university and there is 300 Level and 400 Level in every department.

For the qualitative component, purposive sampling was adopted. This is anon-probability sampling technique that was used to select nine respondents; a medical doctor, a nurse and a medical practitioner in charge of the laboratory, two academic staff, two non-academic staff and two students. The medical practitioners were selected based on their experience i.e. the most senior in the categories.

3.7 Data Collection

The data were collected using both quantitative and qualitative methods. The rationale for the choice of the two methods was to ensure that each method complement the weaknesses of the other, since information that cannot be gotten through quantitative can be obtained through qualitative method, this allowed the respondents to give detailed information on the phenomenon of study

(a) Quantitative Method

For quantitative method, the researcher employed survey technique which involved the collection of large data from the population. The instrument of data collection was questionnaire, designed in English. The questionnaire was divided into five (5) sections in line with the research objectives. Section A: contained the socio-demographic characteristics of respondents, Section B: addressed questions knowledge and attitude towards routine medical checkups, Section C: dealt with questions on the utilization patterns of routine medical checkup services, Section D: concentrated on factors influencing the utilization of routine medical checkup while Section E: contained questions on the benefits of routine medical checkups. The questionnaire had both closed- and open-ended questions. The close-ended questions were to limit respondents to the available options provided while the open-ended questions allowed the respondents to freely express their views.

The quantitative data collection was done by the researcher and two research assistants, it was done under close supervision of the researcher who checked each completed questionnaire for completeness and consistency. The researcher was in charge of overall monitoring and coordination of the data collection and ensuring that the research protocol was adhered to through the data collection.

(b) Qualitative method

In-depth interview: the in-depth interview guide was developed in relation to the objectives of the study. This was done to complement the data collected through the questionnaire. For the interview, the in-depth interview guide was used, a tape recorder was also used to record the interview nine respondents were interviewed: a medical doctor, a nurse and a medical

practitioner in charge of the laboratory, two academic staff, two non-academic staff and two students. Furthermore, note taking as well as observation of non-verbal communications were used to complement the tape recording. All this was done by the researcher and a research assistant as the note taker.

3.8 Data Analysis

Data from the questionnaire underwent data cleaning, coding before it was entered into Statistical Package of Social Sciences (SPSS) version 22.0 and analysed. The findings were presented in tables, frequencies and percentages.

On the other hand, the qualitative data collected through the use of in-depth interview was transcribed. Data collected was transcribed by the researcher into a written form. The transcribed data was analysed in prose format in which the actual responses of the respondents was taken into account. The respondents convergent and divergent views ‘were taken into account and presented to support the quantitative data by means of triangulation.

3.9 Ethical Consideration:

Prior to the data collection, a letter of introduction was obtained from the Head of Department of Sociology in ABU, was presented to the Director of ABU Medical Centre and the aim of the study was explained to them to obtain permission for the study. Finally, the nature and objectives of the study was explained to each respondent and assurance of confidentiality was given, following which verbal consent was sought and obtained from him/her before he/she was recruited into the research. Any participant who did not consent to participate in the study was exempted.

3.10 Problems Encountered in the Field

The process of collecting data was very tedious and time consuming, as the researcher spent more time about (4 weeks) due to the busy schedules of students and reluctant attitudes displayed in agreeing to fill the questionnaires, the researcher had to take time to explain and convince the students on the need to represent their various departments before most of them accepted to do so.

As for the lecturers majority of them were always busy with their academic works, while many others could not be found in their offices, others traveled for workshops/seminars and some were on sabbatical leave, secondment, leave of abscence. The researcher had to make repeated visit before finally getting an opportunity to collect the questionnaire which it was also difficult getting the respondents to fill due to the busy nature of their job

Information obtained from some of the respondents were not independently verified and there could have been recall bias

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the analysis of the data collected from the field. Out of the 315 copies of questionnaire distributed, 289 were successfully retrieved, giving a response rate of 91.7%. Also, nine in-depth interviews were conducted. The results are divided into seven sections: these are socio-demographic characteristics of respondents, knowledge of staff and students towards routine medical checkup, attitudes of staff and students towards routine medical checkups, utilization patterns of routine medical checkup services among staff and students, factors influencing the utilization of routine medical checkups among staff and students and possible ways to encourage routine medical checkups among staff and students of ABU.

4.2 Socio-Demographic Characteristics of Respondents

This section gives detailed descriptions of the personal data of the respondents which include their sex, age, religion, designation and marital status of staff and students in Ahmadu Bello University, Zaria.

Table 4.1: Socio-Demographic Characteristics of Respondents

Socio-Demographic Characteristics	Status n (%)		Total
	Students	Staff	
Sex			
Male	76(51.7)	83(58.5)	159(55.0)
Female	71(48.3)	59(41.5)	130(45.0)
Age			
19-28 years	95(64.5)	10(7.0)	105(36.3)
29-38 years	40(31.3)	14(9.9)	54(18.7)
39-48 years	8(5.4)	26(18.3)	34(11.8)
49-58 years	2(1.4)	49(34.5)	51(17.6)
59 years and above	2(1.4)	43(30.3)	45(15.6)
Religion			
Islam	79(53.7)	97(68.3)	176(60.9)
Christianity	68(46.3)	45(31.7)	113(39.1).
Marital Status			
Single	136(92.5)	29(20.4)	165(57.1)
Married	11(7.5)	109(76.8)	120(41.5)
Widowed	-	4(2.8)	4(1.4)
Total	**147(50.9)**	**142(49.1)**	**289(100.0)**

Table 4.1 shows that of the 147 students that participated in the study, 51.7% are males and 48.3% are females. Also, of the 142 staff respondents, 72.5% of them are males and 27.5% are females. This shows that reasonable number of male and female students participated in the study. However, the male staff out numbered the female staff. The age of the respondents shows that 64.5% of the students fall between the age of 19-28years and 34.5% of the staff falls between the age brackets of 49-58years. This also indicated that the majority of the staff that participated falls within the older category of staff ranging 49 years to 59 years and above.

Findings on the religion of the respondents also show that 53.7% of the students are Muslims and 68.3% of the staff are also Muslims. This means that majority of the participants practice Islam as their official religion. The marital status of the respondents gathered revealed that 92.5% of the students are singled and 76.8% of the staff are married. This means that an overwhelming

majority of the students that participated in the study are not married as can also be seen in their age category but an overwhelming proportion of the staff are married.

4.3 Awareness of Routine Medical Checkup

This section provides information of staff and students awareness of routine medical checkup. This was done to ascertain the respondents' utilization pattern based on their knowledge of perceive benefits of routine medical checkups to their well being, motivations, source of knowledge, place of health care assistance and practice.

Table 4.2: Views of Respondents on whether or not they are aware of the need for Routine Medical Checkup

Designation	**Awareness on the need for routine medical checkup? n (%)**		**Total n (%)**
	Yes	**No**	
Student	113(76.9)	34(23.1)	147(100.0)
Staff	124(87.3)	18(12.7)	142(100.0)
Total	**237(82.0)**	**52(18)**	**289(100.0)**

Table 4.2 shows respondents whether or not the respondents are aware of the need to conduct routine medical checkup. The findings shows that a significant proportion 76.9% of the students and an overwhelming majority (87.3%) of staff said yes as confirmed by 113 students as against 34 who declined and 124 staff as against 18 who said they are not aware of the need to carry out routine medical checkup. This means that most ABU staff and students are aware of the need for routine medical checkup.

Table 4.3: Views of Respondents on the source of Information of Routine Medical Checkup

Sources of Information	Designation n (%)		Total
	Students	Staff	
During orientation	96(65.3)	12(8.5)	108(37.3)
Friends/colleagues	24(16.3)	71(50.0)	95(32.9)
Family members	6(4.1)	5(3.5)	11(3.8)
Health workers	11(7.5)	45(31.7)	56(19.4)
Church/Mosque	7(4.8)	4(2.8)	11(3.8)
Posters/hand bill/flayers	3(2.0)	5(3.5)	8(2.8)
Total	**147(100.0)**	**142(100.0)**	**289(100.0)**

Table 4.3 shows that 65.3% of student said during orientation and 50% of staff said from friends and colleagues. However, only 2% of the students and 3.5% staff said through posters/handbills and flayers and family members. This shows that orientation ceremony for students and encouragement from friends and colleagues was effective to create awareness of routine medical checkup.

In an interview conducted with an academic staff, he said that:

> I have spent between 12-14 years in service and this is where (ABU) I did my first and second degree and became a staff. I think I am old enough to know about routine medical checkup especially in this academic environment ABU. I have friends who we did degree together and are medical doctors in the university and on several occasion they encourage me to come for general checkups. If I had any medical issue, the first place I go toABU Medical Centre.

According to another respondents (Secretary),

There was a circular that staff and students and the general public should come and check their status on hepatitis B. so, when I got to know about that, I quickly inform my family to come and we went and do ours in ABU Medical Centre.

In the same vein, a student interviewed also said that:

> In almost all orientation of student, health issues are discuss and students are encourage to visit ABU Medical Centre whenever they are having any health problem and also, circular, sometimes I see circular about the outbreak of a disease and will advise to see the doctor for diagnoses to dictate whether or not you are a carrier of the infection.

Another respondents (Nurse) said that:

> Honestly, we only inform the staff and students issues on routine medical checkup once in a week. May be when the patient comes during our health talk in the morning at the Out Patients Department (OPD). We educate them on regular checkup and we tell them the importance of even coming to hospital because most students don't come to ABU Medical Centre. Infact, you can even come across a student who doesn't know the road to ABU medical center. However, we try during the orientation programmes and matriculation to create awareness to the students especially when they are sick, they should run toABU Medical Centre for medical attention.

From the findings above, it can be seen that most students and staff got their information on routine medical checkups during orientations, awareness programmes, and circulars among others. However, only very few of them got their information in the Church/Mosque, family members, flayers and handbills.

Table 4.4: Views of Respondents on whether or not they have ever gone for Routine Medical Checkup in ABU Medical Centre

Designation	Ever gone for any Medical Checkup in ABU Medical Centre n (%)		Total
	Yes	No	
Student	94(63.9)	53(36.1)	147(100.0)
Staff	118(83.1)	24(16.9)	142(100.0)
Total	**212(73.4)**	**77(26.6)**	**289(100.0)**

The data collected indicated that significant majority (63.9%)of students and an overwhelming majority of staff 83.1% has visited the ABU Medical Centre for medical checkup. However,

36.1% of students and 16.9% of staff have not done that before. This means that despite the high number of students that have not access ABU Medical Centre for routine checkup, it is obvious that reasonable number of them have conducted checkup in ABU Medical Centre.

A discussant (Lecturer) interviewed said that:

Yes, at my age, I know it is good to go for routine checkup, like 20years ago, I don't go for routine checkup but I am aging now, I do go for checkup regularly.

Another discussant (Lecturer) said that:

> People who go for checkup are those who are sick, and I am not sick, I don't even fall sick easily, I don't have typhoid, I don't have diabetes, I don't have diseases and I think I have good health and that is why I hardly go for medical check. *She further stated that:* well, I don't know how it happens but I think is because of my lifestyle, like eating healthy food, taking balance diet and I tried as much as possible to maintain my weight and I don't stress myself so much, when I am getting stress out over things, I take it easy, have enough rest. Actually, I am not a sick type of person.

A participant (Male Doctor) stressed that:

> It is not something staff and students commonly do and sincerely, people only do it when they have indication for it. That is, when they are sick, when going for NYSC, job interview or screening or training, documentation and postgraduate programmes abroad, when applying for scholarship or a prerequisite in certain registration. So, they do it when they are compelled to but coming on their own is not something common here (ABU Medical Centre).

While many respondents knew the necessity for routine medical checkup and went for it, it is still obvious that many others did not visit the ABU Medical Centre for routine checkup. While these attitudes could be influenced by many factors, it was gathered that, some other people only go for medical checkup when they are compel to do so for example job interview/screening, NYSC, Documentation among others.

Table 4.5: Views of Respondents on whether or not they carry out Routine Medical Checkup outside ABU Medical Centre

Views	**Designation n (%)**		**Total**
	Students	**Staff**	
Yes	78(53.1)	68(47.9)	146(50.5)
No	69(46.9)	74(52.1)	143(49.5)
Total	**147(50.9)**	**142(49.1)**	**289(100.0)**

The data shows a very little variation on the responses as 53.1% of the students as against 46.9% said yes and contrarily, 52.1% of the staff as against 47.9% does not go outside ABU to sick for medical service. While majority of the students seek their health service outside ABU, the reverse was the case for the staff. In an interview session, the entire respondent said that they patronize health centres outside for routine medical checkup. However, some of the respondent said it depend on their health situation and time but they go to other health centre aside ABU Medical Centre.

A respondent (Female Lecturer) said:

> Before now (time of the research), I patronize one or two private hospitals. Why I don't patronize now is because, they (private hospital) are after money and what I notice is that for example if you complain of malaria, they will prescribe some drugs that is not necessary and will tell you to buy it with them simply because they want money, they increase their drugs charges, increase consultancy charges and many other things.

Table 4.6: Views of Respondents on why they perform Routine Medical Checkup outside ABU

Views	Designation		Total
	Students	Staff	
I don't fall sick easily	20(13.6%)	14(9.8%)	34(11.7%)
I have no idea of routine medical checkup in ABU Medical Centre	17(11.6%)	6(4.2%)	23(7.9%)
ABU Medical Centre staff are insensitive to peoples' feelings	22(15%)	18(12.7%)	40(13.9%)
I am busy and they take too much time to attend to patients	49(33.3%)	23(16.2%)	72(24.9%)
I visit ABU Medical Centre because of its accessibility	24(16.3%)	20(14.1%)	44(15.3%)
I have my NHIS registered with ABU Medical Centre	6(4.1%)	41(28.9%)	47(16.3%)
I prefer outside than ABU Medical Centre	9(6.1%)	20(14.1%)	29(10%)
Total	**147(50.9%)**	**142(49.1%)**	**289(100.0%)**

Table 4.6 shows respondents views on why they conduct routine medical checkup outside ABU, Zaria. Differences in opinion was observed 33.3% of the students said that they don't have time to visit ABU Medical Centre and that it take much time for them to be attended to at the ABU Medical Centre and 28.9% of staff still reiterate their commitment to patronize ABU Medical Centre. This means that while students attitudes towards seeking health attention is based on lack of time and long waiting to access health services, the staff still prefer to go there even though their decision was born out of the fact that their NHIS center is ABU, medical centre. However, a good number of the staff that participated also indicated that they prefer outside ABU Medical Centre and others revealed lack of time and long waiting as discouraging factor.

In an interview with a respondent (lecturer), he said that:

> I have experience serious problem with ABU Medical Centre and on several occasion, I reported the matter to the university management and a friend who I always complain to him. Sometimes because of the delay, I would have to go to his house for treatment which is not ideal thing. Narrating his experience with ABU Medical Centre, the respondent said: one night, my son was bleeding and I had to rush him to ABU Medical Centre, I went there since around 3:00am in the morning till around prayer time 4:30am, the doctor on duty refuses to come, I was so furious that if it were me, there would be no much problem but a child. They called him but he refuse to come and I got angry, I went home thinking I will see that my friend and neighbour, but he wasn't around. I reported the matter to the registrar and ask him if they know what is happening in ABU Medical Centre? And he asked me to put it in writing which I did and this issue was discuss even in senate meeting. Another problem with ABU mediacal centre is that, if you go there, the minimum time you can wait is may be two to three hours and the painful part of it is that, these doctors are around but will deliberately refuse to see patients.

Another respondent said that:

> I visit the ABU Medical Centre because my NHIS registration is in ABU Medical Centre but I also visit other places especially if I am in a serious health problem that I need prompt response. Infact, ABU Medical Centre NHIS is a problem, this is because the health workers in ABU Medical Centre will tell you there are no drugs, no this, no that because they know you only pay 10% of what drugs to collect. But notwithstanding, the NHIS is also good because, many staff I know that don't even go to ABU Medical Centre now go because of the benefit of the NHIS. Another respondent said: for me, I go toABU Medical Centre because is close to house, Area A and my working place and again, I have my NHIS registered with ABU Medical Centre. Except for a reason from my husband or friends that I go elsewhere but most times I patronize the ABU Medical Centre.

From the findings, the respondents views and the data collected from the questionnaire depict the reasons many of the respondents do not always visit theABU Medical Centrefor routine checkups contained in the table above. While the informants may have considered the advantages attached to the NHIS registered in ABU Medical Centre, it is obvious that they still visit other private health centres for medical attention.

Table 4.7: Views of Respondents on whether or not Routine Medical Checkup is Necessary to someone who is not Sick

Views	Designation n (%)		Total
	Students	Staff	
Yes	129(87.8)	134(94.4)	263(91)
No	18(12.2)	8(5.6)	26(9)
Total	**147(50.9)**	**142(49.1)**	**289(100.0)**

The data collected shows that 87.8% of students and 94.4% of the staff acknowledged that routine medical checkups are necessary. This shows that an overwhelming majority of the students' respondents are aware of the need and value of good health as such disclosed their views that routine medical checkups are essential.

4.4 Attitudes of Staff and Students towards Routine Medical Checkup

This section disclosed the attitudes of staff and students towards routine medical checkups. Areas explore include factors the influences the attitudes of staff and students to carry out medical checkups some which include, believe in the benefits of routine medical checkup, negligence, forgetting appointment time, reliance on traditional medicine, anxiety and fear of stigma among others. See table below:

Table 4.8: Views of Respondents on Whether or not they can Spend their Last Money on Medical Checkup

Views	Designation n (%)		Total
	Students	Staff	
Yes	79(53.7)	97(68.3)	176(60.9)
No	41(27.9)	18(12.7)	59(20.4)
No response	27(18.4)	27(19)	54(18.7)
Total	**147(50.9)**	**142(49.1)**	**289(100.0)**

The respondents are willing to spend the whole of their money on their health as indicated by 53.7% of students and 68.3% of staff. This means that health is wealth as emphasized by WHO as such the need to maintain a healthy life is a paramount sacrifice that health consumers are will to invest in.

Table 4.9: Views of Respondents on the Factors that Influences their Attitudes toward Routine Medical Checkup

Factors	Agreed (%)		Disagreed (%)		Undecided(%)	
	Students	Staff	Students	Staff	Students	Staff
Fear of stigma	108(73.5)	97(68.3)	32(21.8)	39(27.5)	7(4.7)	6(4.2)
Anxiety about the result	114(77.6)	103(72.6)	31(21.1)	34(23.9)	2(1.3)	5(3.5)
Lack of confidence	92(62.6)	105(73.9)	51(34.7)	24(16.9)	4(2.7)	13(9.2)
Laziness	132(89.8)	42(29.6)	11(7.5)	94(66.2)	4(2.7)	6(4.2)
I am busy, only attend checkup when sick	105(71.4)	116(81.7)	38(25.9)	19(13.4)	4(2.7)	7(4.9)
Belief in traditional medicine	67(45.6)	87(61.3)	64(43.5)	48(33.8)	16(10.9)	7(4.9)
Forgetting appointment time	89(60.5)	48(33.8)	52(35.4)	83(58.5)	6(4.1)	11(7.7)
Negligence/carelessness	112(76.1)	121(85.2)	28(19)	17(12)	7(4.9)	4(2.8)
Fear of embarrassment	78(53.1)	112(78.9)	59(40.1)	23(16.2)	10(6.8)	7(4.9)
I go for regular checkup because it is important	104(70.8)	116(81.7)	25(17)	16(11.3)	18(12.2)	10(7.0)

Table 4.9 shows that 73.5% of the students and of staff 68.3% said that they do not go for routine checkup because of fear of stigma, 77.6% students and 72.6% staff said anxiety about the result, 62.6% of students and 73.9% staff disclosed lack of confidence, while an 89.8% of students said laziness contribute to their inability to go for routine health check, 66.2% disagreed. Also, it was

gathered that a 71.4% of students and 81.7% staff said they have time to go for routine health checkup and they only visit the hospital when they fall sick, 45.6% of the students and 61.3% of staff said they belief in traditional medicine and as such rely by taking it to orthodox medicine.

The data collected from the field also indicated that 60.5% of the students that participated in the study forget appointment time with the doctor as against 58.5% of staff who does not, 76.1% of the students and an 85.2% of the staff said their poor attitudes to routine medical checkup was born out of negligence and carelessness. In addition, 53.1% of the students and 78.9% staff fear embarrassment and 70.8% of the students and 81.7% of staff revealed that the importance of medical checkup to the overall wellbeing encourages them to visit the hospital on regular bases to check their health status.

From the findings, it is obvious that factors that influence attitudes of students and staff in seeking health car may vary. This could probably be from their difference in the nature of activities they engaged and health physiques. However, it was discovered that factors such as anxiety about the result, lack of time to visit the hospital, belief in traditional medicine, negligence and carelessness and fear of embarrassment are hindrances to the students and staff health seeking behaviours. This means that both students and staff are affected by the aforementioned factors and this explains why many staff and students do not often go to the hospital for routine medical checkups.

The qualitative data collected shows varying response of the respondent position on their attitudes towards routine medical checkups.

According to a respondent (lecturer):

> Frankly speaking, even for me, I am not in the habit of going for medical checkup; I don't know whether is because of the treatment we get when we go there we waste time so people hardly do it. Even checking my BP, I hardly do that. Seriously, we are reluctant to go to ABU Medical Centre for checkups. A typical example is that in our faculty (Social Sciences), we have staff with the problem of heart attack, we have loss several staff in the faculty and department of political science precisely. So generally, our attitudes towards routine medical checkups is bad including me and sometimes if I want to go, my wife will say don't go before you go and look for trouble.

Another respondent (secretary) said that:

> Considering the nature of my work is too demanding. Whether there is work or not, light or not, you need to be there because, staff will come, students will come, visitors will come, so secretary job is not easy that we don't have time to go for our private activities talk of hospital. So, most of the time, we manage our health and take for long before we go to hospital or when we are completely down that we cannot work. Even when we are on work leave or holidays, you can be called upon to come to the office. So, you find yourself in the office every day and always and that is also a major problem on my part. And again, I don't have assistant, most the leave they give maximum of 3-4 days sick leave. Honestly, I find it difficult to go to the hospital like ABU Medical Centre despite the fact that is close to me.

A respondent (students) said that:

The attitude of students toward routine medical checkup is negligence and I think is not just in ABU but among Nigerians as a whole. Nigerians hardly go for health checkup except they are sick.

A respondent (Male Medical Doctor) said:

> Staff and students don't commonly come for it most a times except there is a need for it. Only a very small percent of students have positive attitudes to routine health check but for majority is poor attitude. The staff probably because of their age many do come even though there are handfuls of them that don't come to ABU Medical Centre.

According to a Medical Laboratory Technician in ABU Medical Centre:

> we have cases of staff and students on appointment, but they will not come, there are some staff and students that do come to do a test, we will instruct them to come tomorrow for the result but many a times, some take a week, two weeks, months before coming. Infact, many will not even come for the result again and we have them kept in the files and war drop for references. So, you see, some of these staff and students don't even take medical checkup serious.

While routine medical checkup is considered important, it can be seen that the qualitative and quantitative data revealed that staff and students attitudes to routine medical checkup is poor in ABU. This is further expressd on the staff and students negligence to return to ABU Medical Centre for their test results.

4.5 Factors Influencing the Utilization of Routine Medical Checkup among Staff and Students in ABU Medical Centre

This section assesses staff's and students' opinions on the factors that influences utilization of routine medical checkups among staff and students in ABU Medical Centre.

Table 4.10: Factors Influencing Utilization of Routine Medical Checkup among Staff and Students in ABU Medical Centre

Factors	Agree		Disagree		Undecided	
	Students	Staff	Students	Staff	Students	Staff
Poor communication between patients and doctors	114(77.5)	99(69.7)	21(8.2)	29(20.4)	12(8.2)	14(9.9)
Long time waiting and delay in the clinic	119(81)	85(59.9)	27(18.4)	36(25.4)	1(0.6)	21(14.7)
Misunderstanding the seriousness of the symptoms	104(70.7)	89(62.7)	26(17.7)	51(35.9)	17(11.6)	2(1.4)
Cultural factors	40(27.2)	98(69)	83(56.5)	36(25.4)	24(16.3)	8(5.6)
Attitudes of doctors towards patients	128(87.1)	21(14.8)	8(5.4)	118(83.1)	11(7.5)	3(2.1)
Inadequate health facilities	96(65.3)	71(50)	46(31.3)	62(43.7)	5(3.4)	9(6.3)
Reliance on internet	96(65.3)	41(28.9)	24(16.3)	87(61.3)	27(18.4)	14(9.8)
Reliance on traditional medicine	103(70.1)	43(30.3)	32(21.8)	72(50.7)	12(8.1)	27(19)
Victimization at place of work or among colleague if positive	39(26.6)	79(55.6)	94(63.9)	26(18.3)	14(9.5)	37(26.1)
Advice from friends/colleagues and family members	77(52.4)	113(79.6)	49(33.3)	23(16.2)	21(14.3)	6(4.2)

It was gathered that 77.5% of the students and 69.7% of staff said that poor communication between the patients and doctors affect their desire to visit ABU Medical Centre for medical attention, 81% o the students and 59.9% of the staff said long waiting time and delay in the

clinic, 70.7% students and 62.7% of the staff said misunderstanding the seriousness of the symptoms, while 69% of the staff that participated in the study said culture and religious factors influence their choice to visit the hospital, 56.5% of the students disagreed and 87.1% students disclosed that attitudes of the doctors towards the patients contributed to their non-desire to visit the ABU Medical Centre, however an overwhelming majority 83.1% of staff declined saying that the doctors attitudes towards the patients is friendly and accommodating.

The study also gathered that 65.3% of the students and 50% of staff disclosed inadequate health facilities, 65.3% of the students said they rely on internet and 61.3% of the staff declined. On the issue of reliance on traditional medicine, 70.1% of the students said they rely on traditional medicine and herbs 50.7% of the staff said they do not rely on traditional medicine. In addition, 55.6% of the staff does not go for routine health checkup because of fear of victimization at place of work and among colleagues, 63.9% of the students disagreed and 52.4% students and 79.6% of the staff said advice from friends, colleagues and family members influences their attitudes towards routine medical checkup in ABU Medical Centre.

From the findings, areas of correlation were found between the staff and students to have influences their choice of seeking health care services in ABU Medical Centre. These factors include long waiting time and delay treatment of patients at the clinic, misunderstanding the seriousness of the symptoms of the illness, inadequate health facilities and advice from friends, colleagues and family members. Also, factors such as culture and religion, victimization at place of work and among colleagues were found to affect the staff and reliance on traditional medicine, reliance on internet and attitudes of the doctors towards patients were seen to be students' most constraining factors in visiting the ABU medical cntre for health care attention. While these

factors are not constant, they have proven to have significant effects on the choices that staff and students make when deciding when and where they should seek health care services.

Information gathered from the qualitative data indicated that all the respondents complained of long waiting time before seeing a doctor. However, a respondent (Female Student) said:

> There are some doctors in ABU Medical Centre that are good to patients while there are many others who are bad and as a sick person, when you go to the hospital, you want a doctor that will give you attention. Sometimes some doctors will just be writing prescriptions without listening to you. So, when somebody is behaving like that, you will not be happy, you want the doctor to at least touch you to ascertain what you are saying and you will feel some sense of confidence that the doctor is doing the right thing but if he just stay look at you and give you drugs, you will not be happy.

Another respondent (Male Non-teaching) said:

> Anytime I go toABU Medical Centre and I did not find my choice doctor, I leave and go to a private hospital. Because, today this doctor attend to, later or tomorrow he is not the one. So, I used to feel unsecure and from my experience with some doctors that I think they are not fit. Most a times I prefer to visit the private hospital since some of the doctors are not good enough and sensitive to our health challenges.

According to another respondent (Female non-teaching):

> I don't like going to ABU Medical Centre because of the attitudes of some staff. Some of the doctors will be shouting at you as if you are a child. This will make you frustrated because after waiting for a very long hours waiting to see a doctor that is available and is not ready to attend to you, when you finally meet him, all that he says to you is that go and see the pharmacist for drug. And this is one of the reasons I hardly go to ABU Medical Centre.

Similarly, another respondent said that:

> The attitudes of the medical staff especially the nurses is bad, they are not tolerant and patient. Sometimes even the way they will look at you is discouraging, they will shout at you. This is enough for one to not go there for any health assistance.

A Nurse interviewed further said:

> we have short of manpower. As you can see am the only one here (OPD). I am here calling names for queuing, submitting cards to doctors, conducting weight and height measurement. In ABU Medical Centre, almost everything you do is queuing, you will be on the queue to collect card, you will be on the queue to see doctor, so you can't just come and spent 30minutes and leave. It is not possible and you see some students may be having lectures at the time and some staff may be having work on their desk. She added that some staff and students prefer traditional medicine because they believe that its heals faster and is cheaper. E.g of these are fracture, dislocation, typhoid, cancer and many others.

A Laboratory Technician added that:

> Frankly speaking, there is delay in routine checkup because we are few in number except for students that come around to assist us, we are few and the machines we use are also few compare to the blood samples collected. Sometimes we experience breakdown of our machines and that means the test will not be done and the patient will have to come and give another sample again.

From the findings above, it is obvious that staff and students attitudes towards routine medical checkups are influenced by the factors discussed by the respondents and respondents views in the table above.

4.6 Utilization Pattern of Routine Medical Checkup among Staff and Students

In trying to assess respondents utilization pattern of routine medical checkup, question was sought to find out where the respondents run to in seeking medical assistance. Majority 53.1% of students and 52.1% of the staff. This means that majority of the respondents patronize private hospital to carry out routine health checkup on themselves. In addition, views of the respondents on how often they carry out routine medical examination shows that all the population studied had their different time and period they conduct health checkup as shown in table 12 below:

Table 4.11: Views of Respondents on the last time they carried out Routine Medical Checkup

Time	Designation		Total
	Students	Staff	
One month ago	14(9.5%)	24(16.9%)	38(13.1%)
2-3 months ago	46(31.3%)	27(19%)	73(25.3%)
6 months ago	32(21.8%)	48(33.8%)	80(27.7%)
Can't remember	55(37.4%)	43(30.3%)	98(33.9%)
Total	**147(50.9%)**	**142(49.1%)**	**289(100.0%)**

Findings on the last time the respondents conducted a routine medical checkup indicated that 37.4% of the student can't remember the last time they carried out routine health check and 33.8% of the staff said 6 months ago. This shows that majority of the students studied hardly conduct routine health checkups and response of the majority of staff that participated in the study revealed that they take a long time (6 months) before seeking health checkups. This also indicates poor health seeking behaviours of the staff and students of ABU, Zaria.

Table 12: Views of Respondents on the bases upon which they visit Hospital for Routine Medical Checkup

Designation	Bases for Routine Medical Checkup			
	When am sick	When a family member is diagnose of a particular infection	I visit ABU Medical Centre because of family health history	Total
Student	134(91.2%)	3(2.0%)	10(6.8%)	147(100.0%)
Staff	124(87.3%)	12(8.5%)	6(4.2%)	142(100.0%)
Total	**258(89.3%)**	**15(5.2%)**	**16(5.5%)**	**289(100.0%)**

Table 4.12 revealed respondents reasons upon which they visit the hospital for routine checkup. An overwhelming majority of students (91.2%) and staff (87.3%) only visit the hospital when

they fall sick and only small number of staff (8.5%) and students (4.2%) visit the hospital when any of their family members is diagnose of a particular infection. This findings show that most of the respondents only seek medical attention when they are sick.

The qualitative data gathered all the respondents only visit the hospital when they are sick.

According to a respondent (Librarian):

> There is a general poor response to health checkup especially on a just normal ground. Most people I know that did that only went to ABU Medical Centr when they fall sick. Infact, during my undergraduate here in ABU, there was a time that cervical cancer was rampant. And it only affects women. Then, female students and staff were always going to ABU Medical Centre, for health check to know there health status to enable them tackle it. So, the health system were always encouraging students to come regularly and many a times on appointment. But this was because cervical cancer was spreading but after the infection disappeared, hardly will you a woman going to ABU Medical Centre just to check her health.

According to another respondent (Female Lecturer) :

> Pregnancy is a serious health condition for women. This is because sometimes it will make you feel dizzy, nausea, you cannot even eat, sometimes you don't even want anything smelling, the common fever that comes and go in two days. This makes us always go to check our health status in ABU Medical Centre.

Table 4.13: Views of Respondents on how to improve Routine Medical Examination among Staff and Students in ABU, Zaria

Views	Frequency	Percentage
No response	19	6.6
Awareness and sensitization programs be intensified and taken round staff offices and students hostels in ABU	77	26.6
The university management should employ more medical personnel	65	22.5
The university management should improve the medical facilities and supply adequate drugs at the health centre for staff and students	29	10.0
Staffs and students should endeavour to go for regular medical checkup to ascertain their health status and their well being	9	3.1
There should be good human relation between the medical personnel and patients and avoid been rude and arrogance	19	6.6
Staffs and students should develop a positive attitude towards routine medical checkup to prevent the negative	71	24.6
Total	**289**	**100.0**

The table above shows respondents' suggestions on how routine medical checkup can be improved among staff and students of ABU, Zaria. About 26.6% of the respondents suggested that awareness and sensitization programs should be intensified and taken round staff offices and students hostels in ABU, 24.6% suggested that Staffs and students of ABU, Zaria should develop a positive attitude towards routine medical checkup to prevent the negative effects on their health, 22.5% suggested that the university management should employ more medical personnel to attend to the teaming population of staff and students and 10% of the respondents opined that

there should be improved medical facilities, adequate drugs for effectiveness at the ABU Medical Centre.

Suggestion from a respondent (lecturer) was that:

> Staff needs to embark on serious exercise to burn sugar, carbohydrate and caloris because they develop into BP. We need exercise because when we are busy, we hardly have time to exercise and also our eating habit should check against sugar. He added that enlightenment and sensitization should continue because the number of death we have recorded is a result of failure to do so. So, the university management should embark on serious awareness campaign about the health issues. The university health facility is overweight because of many people that attend there. The medical staff needs to be increase and the ABU Medical Centre even with the current expansion need to have extension in other parts of the university because the ABU Medical Centre is small compare to the size of the university.

Another respondent said (Secretary):

> Staff can really be encouraged by making drugs readily available, making the equipment for running test available to staff. A Medical Doctor said that: more need to be done in the area of symposium, workshops, special bulletin, bill boards, special radio programmes in ABU radio houses, regular news in the radio station, news bulletin, and seminars among others. When all these are done on regular bases, there may be improvement from the demand side since we are from the supplier side.

A student interviewed suggested that:

> The university management need to draw the attention of health workers especially on their responsibilities to their patients and should know that their most important role is to save life. The medical personnel in ABU Medical Centre need also to be accommodative and friendly to their patients so that the patients will not be afraid to speak and feel secure in the hands of the doctors. The students added that: more staff should be employed to take care of the large number of patients (ABU staff and Students and community) that overflow the health facility and more health facilities should be provide especially modern technology to help fasten and reduce errors and finally the medical personnel need to be retrain on regular bases to acquaint themselves with new innovation and knowledge.

4.7 Discussion of Findings

Finding on knowledge of staff and students on routine medical checkup shows that an overwhelming majority 87.3% of staff and significant proportion 76.9% of students are aware of the need for routine medical checkups. It was also found that majority of the respondents are aware that ABU medical Centre conduct routine medical checkup. To support this finding, Eke, Eke, Joe-Ikechebelu and Okoye, (2012) found out in their study that most (74.9%) of their respondents were aware of periodic medical checkup. This may be as a result of their formal education. They indicated that all females knew about routine medical checkup while only 67.9% of males did so. The study finds that significant majority of the students said they got their information during orientation programmes organise for new students on admission and majority of the staff said their source of information was from friends and colleagues. According to Nutbeam (2008), health prospects of individuals in a community are basically determine, in part, by functional health literacy, cognitive awareness and available health information at their disposal. These are modified by the cultural settings, educational opportunities, behavioural skills developed and socio-economic variables that underpin social life in the community. Drawing from the Desire Belief Opportunity theory (DBO), the desire to maintain a good health seeking behaviours is predicated on the belief in the effectiveness of the medical services; and the availability of numerous oppotunity manifested in the prevalence of various medical outlets such as the ABU ABU Medical Centre, the University Teaching Hospital and many other Private Hospitals within Zaria Metropolis. It is now well known that health behaviour has links to health outcomes and these links in turn are dependent on factors associated with health such as health care services, available health-related information and decision-making process at the individual level.

It was gathered that an overwhelming majority of staff said they have ever gone for routine health checkup in ABU Medical Centre and significant majority of the students said they also had routine health checkups in ABU Medical Centre. While constraints against underutilization of the limited health service were found to be lack of adequate knowledge of health screening, Fylan (2008) examine factors influencing workers participation in screening program, he discovered that their psychological reaction to the receipt of an abnormal result, and experiences determine their choice of health screening. Reasons given for non participation were lack of awareness of the test's benefits, and fear of the detection of abnormal disease or fear of embarrassment. Also, significant majority of students and staff carry out routine medical checkup outside ABU Medical Centre and attributed it to lack of time and that it take lengthy time for doctors to attend to patients. However, 87.8% of the students and 94.4% of the staff acknowledged that routine medical checkup is important. Central to the Health Belief Model (HBM), is the role of individual attitudes and beliefs in conscious decision making as they apply to health promoting behaviours. According to the HBM, the probability that the individual will engage in health behaviour such as routine medical checkup is determined by his or her perceptions and beliefs concerning a health threat and the belief that a recommended action will reduce such a threat effectively. So, if an individual belief that routine medical checkup to necessary to maintain good and healthy life, he/she would regularly sought health care service. This corroborated a survey conducted by the Centre for Health Protection (2008) where over 90% of the 5.75 million persons aged 15years and above had high expectations on the effectiveness of medical checkups on early detection of diseases. The vast majority (92.8%) of persons aged 15 and above believed that “majority of diseases can be detected earlier through

medical checkups" and 94.4% of the persons aged 15 and above believed that "for the majority of diseases, detection at earlier stages can improve their prognosis".

With regard to the attitudes of staff and students towards routine medical checkups, 77.6% of the students and 72.6% staff said that they have anxiety to see the result of the test which affect their decision to seek medical examination, and 71.4% students and 81.7% staff said they have no time and only attend medical checkup when they are sick. In as much as clinical preventive services are currently available in most Nigerian tertiary hospitals, and are provided in multiple service points, and by different specialist health professionals, the services are often poorly utilized, not only because of the lack of awareness, poor attitude towards the services but because of the fact that the clients are used to accessing medical care only when they are sick. This can be linked to HBM which has received considerable empirical support in predicting health promoting behaviour such as going for routine medical. The HBM argued that individuals who view themselves as susceptible to a particular infection are more likely to be aware of their health status and are more willing to seek medical examination.

Also, a significant proportion of 73.5% of the students and 68.3% staff said fear of stigma affect their attitudes to medical checkups, 89.8% of students and 66.2% staff identified laziness as one of their problems to seeking medical examination, majority of the respondents' said lack of confident to health matters, and 76.1% of the students and 85.2% staff said negligence and carelessness are major factors affecting their attitudes towards routine medical checkups. Most people tend to take health for granted. It is a known fact that almost every major ailment first manifests itself as minor symptoms, which are often not noticed and hence, neglected. Ayinde, Omigbodun, and Ilesanmi (2014) identify several reasons for the late presentations to includes ignorance about the symptoms, fatalistic attitude (fear of death from the disease), readiness to

attribute neoplastic disease to supernatural causes thereby resulting in delays in seeking help, fear of confirmation of suspicion and of course the perennial problem of low coverage of the population by health care service providers.

In trying to ascertain the factors that influence the utilization of routine medical checkup in ABU Medical Centre among Staff and Students, it was found out that 81% of the students and 59.9% staff said long waiting time in ABU Medical Centre hinders them from going for medical examination, 77.5% students and 69.7% staff said poor communication between the doctors and patients influence their decision to seek medical assistance in ABU Medical Centre. This finding corroborated Lubbock and Stephenson (2008) who identified poor communication or miscommunication with health professionals also contributed to women's misperceptions and lack of understanding regarding healthy behaviours and potential complications. Unclear communication from health workers have led to delayed antenatal care visits and home deliveries. Significant proportion 70.7% of the students and 62.7% staff said misunderstanding the seriousness of the symptoms of the health problem contributed to their poor health seeking behavior in ABU Medical Centre, Isabel et al (2006) disclosed that some people tend to use alternative or complimentary medicine first and then seek medical help if these practices are not effective. Also, O'Carro et al (2001) said that delaying presentation at the hospital after the onset of symptoms has been attributed to misunderstanding of the seriousness of signs and symptoms. So, it can be said that most individuals underrate the severity of their illness until it gets worse. Among the educated populace (staff and students of tertiary institutions), it is expected that their response should be to see the doctor immediately. Christos et al., (2006) asserted that delay in seeking medical care is common and constitutes a major unresolved public health problem. However, it is important to stress that many factors influence individual response when they fall

sick. These factors could be mainly personal but can be affected by the individual's view of his illness; attitudes about his illness; available health care; cultural and economic factors; and personal reluctance or will to seek medical attention. In addition the these factors, the HBM identified perceived severity of the illness, its intensity and frequency of persistence also tend to force the individual to take steps towards seeking medical services in other to get better.

Findings on staff and students utilization pattern of routine medical checkup services indicated that 37.4% students and 33.8% staff said they carried out routine medical checkup last 2-3 months, 87.8% students and 94.4% said practice of routine medical checkup is important for early detection, control and treatment of diseases. Unfortunately, routine medical checkup is hardly practiced by people in developing countries despite exposure to health hazards. In a study by the Center for Public Policy Alternative (2013), it was gathered that 35% of the respondents claimed the last time they visited a hospital for health checkup was about a month ago or less, while 65% said within three months or more. Therefore, it becomes a public health issue in helping the public to make sensible choice and minimize the risk of harm implicated after unnecessary invasive investigations. However, views on how routine medical checkup can be encourage among staff and students shows that majority of the respondents suggested that awareness and sensitization programs be intensified and taken round staff offices and students hostels in ABU, some suggested that staff and students should develop a positive attitude towards routine medical checkup to prevent the negative effect on them. It was also suggested that the university management should employ more medical personnel to take care of the teaming population of staff and students and that the university management should improve the medical facilities and supply adequate drugs at the health centre for staff and students.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study assessed the staff and students utilization of routine medical checkup in Ahmadu Bello University, Zaria medical centre. It examined the knowledge of staff and students of ABU, Zaria towards routine medical checkup, the attitude of staff and students of ABU, Zaria towards routine medical checkup, the utilization patterns of routine medical checkup services by Staff and Students of ABU, Zaria and the factors that influences the utilization of routine medical checkup by Staff and Students ABU Medical Centre.

Findings on knowledge of staff and students on routine medical checkup shows that majority (87.3%) of staff and 76.9% of students are aware that ABU Medical Centre carries out routine medical checkups. Also, 65% percent of the students said they got their information during orientation programmes organised for new students on admission and 50% of the staff said their source of information was from friends and colleagues. Findings showed that 83.1% of staff said they have ever gone for routine health checkup in ABU Medical Centre and 63.9% of the students said they also had routine health in ABU Medical Centre. Also, 53.1% of the staff said they also carry out routine medical checkup outside ABU Medical Centre 33.8% of them said they perform routine checkup outside ABU Medical Centre because of lack of time to come to the medical centre and complain the ABU Medical Centre take much time before they attend to patients. However, an overwhelming majority (94.8%) of the respondents said that routine medical checkup is important.

With regard to the attitudes of staff and students towards routine medical checkups, 75.5% of the respondents said that they have anxiety to checkup because of the result of the test which affect their decision to seek for medical examination, 72.3% said they don't have time and only attend medical checkup when they are sick, 71.3% said fear of stigma affect their attitudes to medical checkups. Also, 65.7% of the respondents said laziness is one of their problems to seeking medical examination, 64.4% they have problem of lack of confident to health matters, 56% said negligence and carelessness are major factors affecting their attitudes towards routine medical checkups.

In trying to ascertain the factors that influences staff and students to carry out routine medical checkup, it was found out that 80.7% of the respondents said that long waiting time in ABU Medical Centre hinders them going for medical examination, 73.8% of them said poor communication between the doctors and patients influence their decision to seek for medical assistance in ABU Medical Centre, 70.5% of them said misunderstanding the seriousness of the symptoms of the health problem contributed to their poor health seeking behavior in ABU Medical Centre, 64% of the respondents disclosed that the attitudes of ABU Medical Centre doctors towards their patients discourages them from going there to seek medical attention.

Findings on staff and students utilization pattern of routine medical checkup services indicated that 38.8% of the respondents said that they visit patent medical stores most of the time, 39.1% said they carried out routine medical checkup last 2-3 months, an overwhelming majority 91.2% of staff and 87.3% of students said that they carry out routine medical checkup only when they are sick, 86.5% of them disclosed that malaria, typhoid, visual disorder, stress, high blood pressure are the common health problems that make them to go for health checks and 57.8% of students and 51.4% of staff admitted that they engage in self-medication.

However, 26.6% of the respondents suggested that awareness and sensitization programs be intensified and taken round staff offices and students hostels in ABU, 24.6% suggested that staff and students should develop a positive attitude towards routine medical checkup to prevent the negative effect on them, 22.5% also suggested that the university management should employ more medical personnel to take care of the teaming population of staff and students and 10% of the respondents suggested that the university management should improve the medical facilities and supply adequate drugs at the health centre for staff and students.

5.2 Conclusion

Routine medical checkup is considered effective in preventing illness and promoting health and reducing morbidity and mortality. During routine or periodic medical checkup, some of the non-communicable diseases such as hypertension, breast cancer, cervical cancer, prostate cancer and diabetes mellitus can be detected and any deviation from good health is noticed and managed in the form of preventive or curative services thereby reducing the mortality associated with them. However, it is sad to note that although a greater percentage of the people in our tertiary institutions are literate, the health practices and attitudes of some of them could bring about health problems to the individual as well as the general community. While one may admit that health education is better handled at the tertiary level than primary and secondary schools, one can regrettably note the lack of quality and availability of equipment and facilities. There are also some negative attitudes towards the proper utilization of these materials to promote healthy practices. It is a common knowledge that, there has been thorough teaching, provision of health facilities, equipment and proper campaign over medias, i.e. radio television, newspapers, magazines, etc. but still there is no significant positive change in the attitude of people, particularly students and some staff of tertiary institutions towards healthy living practices etc.

While thorough medical/physical examination is necessary and its frequency increases if there is a health problem that requires continuing care. Factors that are non-modifiable like age and family history of certain diseases determine the check-up or screening that one needs. Likewise the presence of modifiable risk factors like alcohol consumption, smoking, unhealthy diet, stress and physical inactivity are equally important in determining the frequency of health checkup and positive attitude change towards compliance of acquired knowledge with pre-existing beliefs and perception of derivable benefits of healthy lifestyle.

5.3 Recommendations

The study shows a high level of awareness of routine medical checkup among the staff and students, though the actual level of practice is very low.

1. It is therefore, recommended that efforts to promote routine medical checkups of staff and students should be intensified. This can be achieved by focusing on informing staff and students of their susceptibility to different diseases and encouraging a belief that active and regular screening can detect the diseases at early stage, hence enabling early treatment and prevention.

2. It was also found that the practice of screening methods is highly inhibited by emotional and psychological factors; the study recommends that campaigns should be structured to adequately accommodate these factors and effectively appeal to these negative attitudinal barriers. This can be achieved through urgent institutional educational programmes to improve knowledge, inculcate the right attitude and promote behaviour that prevent negligence of proper health care.

3. The study recommends that preventive health measures should be promoted among staff and students of Ahmadu Bello University to ensure healthy lifestyle practices and desist from those things that can constitute health risk/hazard to them. In addition, the poor health seeking behaviour of staff and students should be properly addressed. This can be achieved through regular monitoring and evaluation of staff and students attendance to health care services and the quality of health care in the health facilities.

4. The study also recommends that the government should play its part by increasing health care budgets and put priority on preventive care by establishing a national awareness campaign, spreading screening services all over the country using cheap screening procedures that have shown to have reasonable sensitivity and specificity. To achieve this, a strong political commitment to improve health by government which should be demonstrated through the passing of the Health bill and signing it into law without further delay.

5. The study also find out that Ahmadu Bello University have no strong health guideline to persuade the staff and students towards proper and regular health checks, the study recommends that the university management should establish clear guidelines on screening for staff and students and be made compulsory through documentation and effort is needed to make sure that periodic medical checkup is encouraged especially among younger adults (students).

6. The study also recommends that staff and students should practice a healthy lifestyle as the best form of prevention. Frequent consumption of fruits and vegetables and physical activity can make a difference.

7. The study also recommends that school health education programme should be made available as part of the school extra-curricular activities to create adequate awareness on the available health services in the school environment since it was observed that some students do not actually recognize the importance of school medical examination.

8. The study recommends that the Ahmadu Bello University management should include school health day into their school programme to enlighten the staff and students on the importance of healthy living.

9. Above all, the university management should employ competent health personnel to take charge of the school health services, as the research study revealed that provision of school health personnel is grossly inadequate compare to the number of staff and students.

5.4 Contributions to Knowledge

1. The study revealed that there is high level of awareness of routine medical checkups among staff and students of ABU, Zaria. But the actual level of practice among the staff and students is very low.

2. The study revealed that long waiting time at ABU Medical Centre and lack of time is the major factors hindering the respondents from attending medical checkup. BY focusing on informing staff and students of their susceptibility to different diseases and encouraging a belief that active and regular screening can detect the diseases at early stage, hence enabling early treatment and prevention can reduce the non-participation of routine medical checkup.

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APPENDIX I

QUESTIONNAIRE

I am a master's student of Sociology, Department of Sociology, Ahmadu Bello University, Zaria. I am conducting a research on:**"An Assessment of Staff and Students' Utilization of routine medical checkup in Ahmadu Bello University, Zaria Medical Centre, Kaduna State, Nigeria".** Filling this questionnaire will contribute to my academic success and whatever information you provide will be treated with high confidentiality. Thanks and hope to get your sincere response.

Introductions: Please tick [√] in the boxes provided and fill in the space provided.

Section A: Socio-demographic Data of the Respondents

1. Sex (a) Male [ ] (b) Female [ ]

2. Age

(a) Below 25

(b) 26 - 35

(c) 36 – 45

(d) 46 – 55

(e) 56 and above

3. Religion (a) Islam [ ] (b) Christianity [ ] (c) Traditional believer [ ]

4. Designation (a) Students [ ] (b) Staff [ ]

5. Marital status (a) Single (b) Married (c) Divorced/seperated (d) Widowed

Section B: Knowledge of Routine Medical Checkup

13. Are you aware of the need for routine medical checkup? (a) Yes [ ] (b) No [ ]

14. What was your source of information of routine medical checkup?

(a) During orientation [ ]

(b) Mass media [ ]

(c) Friends/colleagues [ ]

(d) Family members [ ]

(e) Health workers [ ]

(f) Church /Mosque [ ]

(g) Posters/hand bills/flayers [ ]

(g) Others _____

16. Have you ever gone for any medical checkup?

(a) Yes [ ] (b) No [ ]

17. As a staff/student, do you carry out routine medical checkup outside ABU Medical Centre?

(a) Yes [ ] (b) No [ ]

18. Do you think routine checkup is necessary for someone who is not sick?

(a) Yes [ ] (b) No [ ]

Section C: Attitudes of Staff and Students towards Routine Medical Checkup

18. Can you spend your last money on medical checkup?

(a) Yes [ ] (b) No [ ]

To what extent do you agree or disagree on the following factors influencing attitude of staff and students toward routine medical checkup? Where A=Agree, SA=Strongly agree, D=Disagree, SD=Strongly disagree, U=Undecided.

S/no	**Attitudes**	**A**	**SA**	**D**	**SD**	**U**
19	Fear of stigma					
20	Anxiety about the results					
21	Lack of confidence					
22	Laziness					
23	Lack of time, only attend checkup when sick					
24	Belief in traditional medicine					
25	Forgetting appointment time					
26	Negligence/carelessness					

Section D: Factors Influencing Utilization of Routine Medical Checkups among Staff and Students in ABU Medical Centre

27. To what extent do you agree or disagree on the following factors influencing utilization of routine medical checkup among staff and students in ABU Medical Centre? Where A= agree, SA= Strongly agree, D=Disagree, SD= Strongly disagree, U= Undecided

S/no	Factors	A	SA	D	SD	U
A	Poor communication between patients and doctors					
B	Long time waiting at the clinic					
C	Lack of knowledge of where to go and seek for health assistance					
D	Misunderstanding the seriousness of the symptoms					
E	Cultural factors					
F	Delay treatment					
G	Attitudes of doctor toward patients					
H	Inadequate health facilities					
I	Reliance on friends and family members					
J	Reliance on internet					
K	Reliance on traditional medicine					
P	Victimization at place of work or among colleagues if positive					

Section E: Utilization Pattern of Routine Medical Checkup among Staff and Students.

28. When was the last time you had a medical checkup?

(a) 1month ago [ ]

(b) 2-3 months ago [ ]

(c) 6months ago [ ]

(d) 1year ago [ ]

(e) Can't remember [ ]

(f) Others _____

29. How often do you go for medical checkup?

(a) Ones a week [ ]

(b) Twice a month [ ]

(c) Ones a month [ ]

(d) Every month [ ]

(e) Quarterly [ ]

(f) Ones a year [ ]

(g) Twice a year [ ]

(h) Anytime the need arises [ ]

(i) Others, please specify _____

29. Whatis your suggestionson how to improve routine medical examination among staff and students of ABU, Zaria?

APPENDIX II

IN-DEPTH INTERVIEW GUIDE

On

An Assessment of Staff and Students' Utilization of Routine medical checkup in Ahmadu Bello University, Zaria Medical Centre, Kaduna State, Nigeria.

Respondents Profile

- Designation: _____
- Status/position: _____
- Length of service/Academic Level: _____

Section A: Knowledge of Routine Medical Checkup

1. Could you explain your understanding of routine medical checkup?
2. Are you aware that ABU Medical Centre conduct routine medical checkup?

   Probe for

   - Could you explain the various channels you got to know about routine medical checkup in ABU Medical Centre? i.e. friends/roommates/classmates, posters/hand bills, during orientation/matriculation, others etc
3. Can you state the various routine medical checkup services that you had undergone?

   Probe for:

   - Can you identify some of the medical checkup or examination services done in ABU Medical Centre?

Section B: Attitudes of Staff and Students towards Routine Medical Checkup

4. How could you explain the various factors that influence attitudes of staff and students towards routine medical checkups?

   Probe for:

   - I go for medical checkups because it's important
   - Lack of time
   - Only attend medical check when sick
   - Laziness
   - Anxiety about the result
   - Negligence/carelessness
   - Forgetting appointment time
   - Belief in traditional medicine
   - Others

Section C: Factors Influencing the Utilization of Routine Medical Checkup among Staff and Students in ABU Medical Centre

5. Generally, what do you think is/are that factors influencing routine medical checkups of staff and students?

   Probe for:

   - Lack of knowledge of where to go and seek for health assistance
   - Misunderstanding of the severity/seriousness of the symptoms
   - Poor communication between the patients and doctors
   - Long time waiting at the clinic
   - Cultural factors

- Attitudes of doctors toward patients
- Reliance on traditional medicine
- Prompt response by the medical personnel
- Quality of health facilities
- Reliance on internet
- Others

Section D: Utilization Pattern of Routine Medical Checkup among Staff and Students of ABU, Zaria

6. Do you often visit the ABU Medical Centre for medical service?

   Probe for:

   - If yes, why?
   - If no, where do you often run to for medical attention?

   Probe for:

   - Patent chemist
   - Traditional healer
   - Vendor
   - Spiritual healer
   - Others

7. How often do you go for medical checkup?

   Probe for: how often

   - Weekly
   - Monthly

- Quarterly
- When sick or ill
- Others

8. What do you think can be done to improve on staff and students patronage to ABU Medical Centre for routine medical checkups in ABU Medical Centre?