SOCIO-CULTURAL AND RELATED FACTORS INFLUENCING ACCESS AND UPTAKE OF ROUTINE MEDICAL CHECK-UP SERVICES AMONGST RESIDENTS OF ANAMBRA STATE, NIGERIA

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ABSTRACT
This study examined the socio-cultural and related factors influencing access and uptake of routine medical check-up services among residents of Anambra State, Nigeria. The study adopted a convergent parallel mixed methods design, combining a cross-sectional survey with qualitative interviews. A sample of 378 adult residents was selected through a multistage sampling procedure, while participants were selected for both in-depth interviews and key informant interviews using purposive sampling. Data were collected using a researcher-developed questionnaire, in-depth interview guide and key informant interview guide. Of the 378 questionnaires administered, 371 were correctly completed and returned, representing a 98.15% response rate. Quantitative data were analyzed using frequency distributions, and percentages, while qualitative data were analyzed through manual content analysis. The research hypothesis was testes with chi-square test statistics. The findings showed that although respondents generally recognized the importance and benefits of routine medical check-up services, uptake remained low and inconsistent. Cost of medical check-ups was the most prominent barrier, while fear of being wrongfully diagnosed, lack of time, limited access to service points and attitudes of health workers also influenced utilization. Educational level had no statistically significant relationship with uptake of routine medical check-up services. The study therefore recommends reducing cost of components of routine check-up services, expanding health insurance coverage, improving the quality and accessibility of healthcare services. There is also need to strengthen public enlightenment campaigns, and improve health workers' communication and attitudes, in order to build trust and encourage greater utilization.

Keywords: Routine medical check-ups, Socio-Cultural factors, Healthcare access, Healthcare utilization, Preventive healthcare, Anambra State.

INTRODUCTION
Routine medical check-up services are essential component of modern healthcare systems. They are designed to promote health, prevent diseases, and reduce morbidity and mortality by facilitating early detection and timely intervention. Scholars generally define routine medical check-ups as periodic health assessments undertaken by healthcare providers to evaluate an individual's overall health and risk factors (Boulware et al., 2007; Saheed Usman et al., 2016; Al-Kahil et al., 2020). These assessments typically involve a thorough medical history, physical examination, and appropriate screening tests.

The practices of routine medical examinations have evolved over time. Historically, preventive medicine can be traced to ancient Greek traditions where Hippocrates emphasized the importance of monitoring health even in the absence of symptoms. In the mid-20th century, the concept gained prominence as health systems shifted from curative to preventive

approaches, driven by advances in medical technology and a better understanding of disease processes.

The importance of routine check-up services lie in their ability to detect conditions such as hypertension, diabetes, cancers, and cardiovascular diseases in their early stages often before symptoms appear (Webner, 2003; Medbury Medical Services, 2021). Early detection improves treatment outcomes and enhances survival rates. However, despite these benefits, many people avoid regular check-ups due to fear of diagnosis, financial barriers, or cultural beliefs (Medbury Medical Services, 2021). Access to preventive care is influenced by multiple factors, including health insurance coverage, socioeconomic status, age, and availability of healthcare facilities. Studies have shown that individuals with insurance, higher socioeconomic status, and strong social support are more likely to engage in routine medical check-up services (Hoebel et al., 2013). Conversely, uninsured individuals often forgo needed care due to financial constraints, leading to disparities in health outcomes (Davis & Ballreich, 2014; Squires & Anderson, 2015). Globally, access and uptake of routine medical check-up services varies widely. In Germany, about 50% of adults engage in periodic examinations, compared to 34.3% in Saudi Arabia, 38.4% in Japan, and 51.2% in Vietnam (Hoebel et al., 2013; Haruyama et al., 2017; Vuong, 2017). In Nigeria, however, uptake remains considerably lower. For example, a study among traders in South-East Nigeria revealed that only 29.4% of males and 39.4% of females practiced periodic medical check-ups (Eke et al., 2012). Similarly, Ofoli et al. (2020) reported in their study, that less than 40% of respondents would seek medical evaluation in the absence of symptoms.

Despite government and non-governmental efforts such as mobile health services, awareness campaigns, and community-based interventions, periodic medical check-up services remains poorly utilized in Nigeria. Specifically, there is limited evidence on the situation in Anambra State, where socio-cultural factors, health beliefs, and access-related issues may shape residents' health-seeking behaviour. It is within the above context that the present study investigates access, level of uptake and the socio-cultural factors influencing access to medical check-up services among residents of Anambra State, Nigeria.

This study is significant in a variety of ways. Theoretically, the findings of this study will add to the existing body of knowledge in Medical Sociology, especially in the area of level of access to medical check-ups. In many African contexts, including Nigeria, preventive healthcare practices such as routine medical check-ups remain underutilized due to socio-cultural and structural barriers. This misinformation usually leads to outright opposition towards these accessing medical check-ups. Specifically, the findings of this work will add value to the health belief model. The health belief model posits that perceived susceptibility to a disease, perceived severity of a disease, perceived benefits of taking actions to get cured, perceived barriers to action and cues to action influence people's health seeking behaviour.

Practically, the study will recommend measures that can be adopted to raise the level of uptake of access to medical check-ups in Nigerians and in Anambra state specifically. The study will also provide empirical information to policy makers and to the general public on the various socio-cultural factors influencing access to medical check-ups amongst residents in Anambra state, Nigeria.

STATEMENT OF THE PROBLEM

Routine medical check-up services are vital for preventing disease progression, improving treatment outcomes, and reducing premature deaths. Health professionals recommend periodic assessments, ideally every six months, to monitor health and identify problems early (Hampton Family Practice, 2023). The absence of routine medical checkups delays the identification of health conditions, reducing chances for early intervention and worsening outcomes. Often, delayed detections or absent medical visits increases the risk of complications or mortality, and may likely result in late-stage diagnoses when interventions may be less effective or even futile (Hampton Family Practice, 2023)."

In Nigeria, many preventable deaths are linked to delayed detection of non-communicable diseases such as cancers, cardiovascular diseases, and diabetes. For example, breast cancer and cervical cancer, which together account for more than one-third of female cancer deaths in the country, could be better managed if detected early (Debbo Africa, 2023). Yet studies reveal that despite benefits, the practice of routine screening remains low, even among healthcare workers who should model preventive behaviour (Abadom &Otene, 2022).

Several barriers hinder uptake of routine check-ups in Nigeria. These include financial constraints, lack of health insurance, limited awareness, socio-cultural perceptions, and gender-related differences in health-seeking behaviour (Abadom & Otene, 2022). While government and NGOs have attempted to improve uptake through contributory health schemes, awareness campaigns, and outreach programmes, evidence suggests that such efforts have achieved limited success.

The challenge is particularly concerning in Anambra State, where preventable diseases remain a significant burden. Yet, little research has examined how residents utilize routine medical check-ups or the socio-cultural factors influencing their access. Understanding these dynamics is critical for developing evidence-based interventions that can enhance uptake, improve early detection, and reduce avoidable morbidity and mortality.

RESEARCH QUESTION

What socio-cultural and related factors influence the uptake of and access to routine medical check-ups amongst residents in Anambra State*?*

RESEARCH OBJECTIVE

To identify socio-cultural and related factors influencing uptake and access to medical check-ups amongst residents in Anambra state.

STUDY HYPOTHESIS

H_0: Educational level has no influence on the uptake of routine medical check-ups among residents of Anambra State.

REVIEW OF RELATED EMPIRICAL LITERATURE

Yirga et al (2024) carried out a study titled "Health checkup practice and its associated factors among adults in South Gondar zone Ethiopia." It was a community-based cross-sectional study design employed from July 30, 2022, to August 30, 2022. Three towns (Debre Tabor, Guna Beyemidir, and Andabet) were selected by using a simple random sampling method from the south Gondar zone, and three communities were selected randomly from each towns. A total of 422 respondents were selected by random sampling technique. Data were collected using

structured questionnaires. The collected data were entered into Epi data version 3.1 and exported to Statistical Package for Social Sciences (SPSS) version 26 for analysis. Binary logistic regression was done to identify the association between each variable with the outcome variable. Results showed that factors such as socio-economic status influenced uptake of routine medical check-ups.

Ito et al (2023) carried out a study titled "Factors Associated with Refraining from Health Checkups during the COVID-19 Pandemic in Japan." The survey targeted participants registered with a research company (Macromill, Inc., Tokyo, Japan) specializing in web-based surveys. The target sample size was 4000 respondents (2,000 males and 2,000 females) between the ages of 20 and 69 years, whom the research company randomly matched. The survey was conducted over five days from 4 to 8 November 2021 and was closed when the number of respondents exceeded the target sample size. Chi-square tests were performed for each item. The researchers stratified the study cohort by sex, and then conducted the unconditional multivariate logistic regression analysis with the examination group as the objective variable and the factors that showed significant differences in the chi-square test as explanatory variables. To further improve the accuracy of the regression analysis model, they conducted the step wised multivariate logistic regression analysis to calculate adjusted odds ratios and 95% confidence intervals. SAS version 9.4 was used for all statistical analyses. The statistical significance level was set at less than 5%. The study found that age, gender and socioeconomic status influenced uptake of routine medical check-ups.

Fazal et al (2023) conducted a study titled "Attitudes and Factors Determining the Practice of Routine Medical Checkups in the People of Rawalpindi, Pakistan: A Cross-Sectional Study." This was a descriptive cross-sectional study conducted in Rawalpindi, Pakistan. The study duration was six months from July 2022 to January 2023. Convenience sampling (non-probability) was used. The sample size came out to be 355 according to the WHO sample size calculator. Both male and female adults aged 18 or older and residents of Rawalpindi, Pakistan, were included in the study. Individuals younger than 18 years, health professionals, and individuals who refuse to give consent were excluded from the study. A pilot study was conducted on 30 subjects to assess the internal consistency of the questionnaire. Data was collected by means of a mixed-mode questionnaire that was administered both online and in person. Demographic data were collected. The educational level of participants was divided into three categories: primary education (up to fifth grade), secondary education (up to twelfth grade), and higher secondary (graduate level). Data pertaining to major motivating and preventative factors for getting routine medical check-ups was collected. Data was entered into and analyzed by SPSS Version 28. Descriptive analysis was applied. Mean and percentages were calculated. The chi-square test and Mann-Whitney U test were also applied in this study. The Shapiro-Wilk test was also applied. Concern for health was found to be the major factor influencing the uptake of routine medical check-up.

Ogah et al (2024) conducted a study titled "Primary health care in Nigeria: Best practices and quality of care in Nigeria." This cross-sectional study was conducted in Benue State in the North-Central geo-political zone of Nigeria. A two-stage sampling technique was used to select the Primary Health Centers (PHCs) that would be involved in the study. In the first stage, 15 LGAs in the state were purposively selected to be part of the study to capture both urban and rural LGAs. For the next stage, PHC centers owned by the government in Benue state were selected randomly from the 15 LGAs based on the sample size calculations using sample size calculator for health facility surveys. Based on the sample size, 29 PHCs were selected by

simple random sampling. This was done to ensure comprehensive coverage and provide a representative sample of the study population. Secondary data from the Benue State Health Management Information System (HMIS) was used for this study. This data was gathered at the PHC level (by the facility staff) over the course of one year (2022). This included the activity indicators from the facilities. The information was then compiled and uploaded to the Health Management Information System of the State Ministry of Health. A total of 29 health facilities were examined. SPSS version 21 was used to analyze the data, which were self-weighted. Self-weighting was achieved by selecting clusters with a probability proportional to the size. Descriptive statistics were used to analyze the data and determine the best practices and challenges for best practices in the respective PHCs. Chi square was used to analyze the accessibility of healthcare provided by the PHCs. It was found that for people in very interior rural areas, it is very difficult to get to the PHCs.

THEORETICAL FRAMEWORK

In this study, the Theory of Planned Behaviour and the Health Belief Model complemented each other as its theoretical framework. The theory of Planned Behaviour provides a comprehensive explanation of how individual attitudes, subjective norms, and perceived behavioural control interact to shape intentions and actual behaviour. This makes it highly suitable for explaining the uptake and frequency of routine medical checkups, as these behaviours are influenced not only by personal beliefs but also by social pressures and perceived ease of access within the community.

On the other hand, the Health Belief Model is incorporated to complement the Theory of Planned Behaviour because it explains how individuals' perceptions of susceptibility, severity, benefits, and barriers influence their health decisions. This combination strengthens the framework by capturing both the cognitive and social dimensions of health seeking behaviour. These theories provide stronger and contextually relevant framework for understanding how personal beliefs, social influences, and perceived control interact to determine access to and utilization of routine medical checkups in Anambra State.

MATERIALS AND METHODS

The study adopted a convergent parallel mixed methods research design, combining a cross-sectional quantitative survey with qualitative data from in depth interviews and key informant interviews, which were collected during the same field period and analyzed separately before being merged for interpretation. The study was conducted in Anambra State, Nigeria, covering its three senatorial districts and focusing on adult residents aged 18 years and above. A sample size of 378 respondents was determined using the Cochran formula, while the qualitative component comprised IDI participants and KII participants selected purposively. A multistage sampling technique was used to select six LGAs, six towns, six communities, 42 streets and 378 households, from which eligible respondents were selected. Data were collected using a researcher developed questionnaire, IDI guide and KII guide. The researchers were assisted by two trained research assistants. Quantitative data were analyzed with SPSS version 20 using frequencies, percentages, tables, charts etc. The chi square test statistics was employed for hypothesis testing. However, qualitative data were analyzed through manual content analysis, with emerging themes and illustrative quotations used to complement and explain the quantitative findings.

RESULTS/FINDINGS

A total of 378 questionnaires were administered, out of which 371 (98.15%) were correctly filled and returned. Seven questionnaires were either lost in the field or not filled out completely. The analysis for this study was therefore done with the 371 completely filled and returned questionnaires.

Socio-demographic Data of Respondents

This sub-section deals with the socio-demographic data of respondents like gender, age, marital status, educational attainment, religious affiliation, occupation and place of residence as presented in table 1 below.

Table 1: Distribution of respondents by their socio-demographic characteristics

Variables	Frequency	Percent
GENDER		
Male	172	46.4
Female	199	53.6
Total	**371**	**100.0**
AGE BRACKET		
18 - 25	84	22.6
26 - 33	49	13.2
34 - 41	67	18.1
42 - 49	43	11.6
50 - 57	58	15.6
58+	70	18.9
Total	**371**	**100.0**
MARITAL STATUS		
Single	82	22.1
Married	212	57.1
Divorced	37	10.0
Separated	19	5.1
Widowed	21	5.7
Total	**371**	**100.0**
LEVEL OF EDUCATION		
No formal education	13	3.5
FSLC	23	6.2
SSCE/GCE	131	35.3
OND/NCE	89	24.0
Bachelor's degree/HND	83	22.4
Postgraduate degree	32	8.6
Total	**371**	**100.0**
RELIGIOUS AFFILIATION		
African Traditional Religion	22	5.9
Christianity	302	81.4
Islam	30	8.1
Non-religious	13	3.5
Others	4	1.1
Total	**371**	**100.0**
OCCUPATION		
Unemployed	9	2.4
Student	55	14.8

Self-employed	133	35.8
Civil/Public servant	66	17.8
Farmer	34	9.2
Trader	63	17.0
Others	11	3.0
Total	**371**	**100.0**
PLACE OF RESIDENCE		
Rural area	148	39.9
Urban area	223	60.1
Total	**371**	**100.0**

Field Survey, 2026

Table 1 presents the socio-demographic characteristics of the respondents, showing a slight female majority (53.6%) compared to males (46.4%), indicating a fairly balanced sample. The age distribution is diverse, with notable proportions in the 18–25 years (22.6%) and 58 years and above (18.9%) categories, alongside meaningful representation across the other age groups, reflecting a spread across different stages of the life course. In terms of marital status, most respondents are married (57.1%), while 22.1% are single, and smaller proportions fall within the divorced (10.0%), widowed (5.7%), and separated (5.1%) categories, indicating that a majority are within family units. The educational profile shows that a substantial number of respondents have secondary education (35.3%), followed by OND/NCE (24.0%) and bachelor's degree or HND (22.4%), with fewer respondents having postgraduate degrees (8.6%), FSLC (6.2%), or no formal education (3.5%), suggesting a generally literate sample. Religious affiliation is largely concentrated among Christians (81.4%), with smaller representations of Islam (8.1%), African Traditional Religion (5.9%), non-religious respondents (3.5%), and others (1.1%), reflecting the religious composition of the respondents. Occupationally, the sample is largely economically active, with self-employed respondents (35.8%) forming the largest group, followed by civil/public servants (17.8%), traders (17.0%), and students (14.8%), while farmers (9.2%), others (3.0%), and the unemployed (2.4%) constitute smaller proportions, indicating broad participation across different economic activities. Finally, a higher proportion of respondents reside in urban areas (60.1%) compared to rural areas (39.9%), suggesting a moderate urban concentration within the sample.

Analysis of Research Question

This sub-section contains the analysis of data and interpretation of findings with regards to the research question and specific objective of this research.

Research Question

What socio-cultural and related factors influence the uptake of and access to routine medical check-ups amongst residents in Anambra State? The findings are presented below:

Table 2: Respondents' perception/opinion on whether there are socio-cultural factors influencing the access and uptake of routine medical check-up services in Anambra State

Responses	Frequency	Percent
Yes	275	74.1
No	61	16.4
I don't know	35	9.4
Total	371	100.0

Field Survey, 2026

Table 2 presents respondents' views on whether socio-cultural factors influence the uptake and access to routine medical check-ups in Anambra State, showing that a majority, 74.1%, responded in the affirmative, while 16.4% indicated otherwise and 9.4% reported that they do not know. This distribution shows that most respondents recognize the role of socio-cultural factors, although a smaller proportion either do not share this view or are uncertain, indicating some variation in perceptions on this issue. An interviewee stated:

> Yes, there are. Gender roles, socioeconomic status, and cultural beliefs all play a role. Some people believe certain illnesses should not be treated in hospitals due to cultural or traditional beliefs, which affects their willingness to seek medical checkup (Female, Social Media Manager, 30 years, IDI, Ekwulobia).

Another interviewee however argued:

> In my view, socio-cultural factors are less significant in this region, especially in the Southeast. The level of enlightenment is relatively high, and most people understand that medical conditions should be treated in hospitals rather than through cultural or traditional beliefs (Male, Businessman, 31 years, IDI, Umunya).

Table 3: Respondents' perceived socio-cultural factors influencing the uptake and access to routine medical check-ups

Responses	Frequency	Percent
Accessibility of health facilities	7	2.5
Lack of time	39	14.2
Attitude of health workers	12	4.4
Cost of medical check-up	107	38.9
Fear of being wrongfully diagnosed	47	17.1
All of the above	63	22.9
Total	275	100.0

Field Survey, 2026

Table 3 presents respondents' perceived socio-cultural factors influencing the uptake and access to routine medical check-ups, showing that cost of medical check-up accounts for the highest proportion at 38.9%, indicating that financial considerations are the most commonly identified factor. This is followed by "all of the above" at 22.9%, suggesting that a notable proportion of respondents recognize multiple factors acting together. Fear of being wrongfully diagnosed accounts for 17.1%, while lack of time represents 14.2%, reflecting concerns related to both psychological and practical constraints. Attitude of health workers (4.4%) and accessibility of health facilities (2.5%) account for smaller proportions, indicating that these factors are less frequently identified compared to others. The distribution shows that economic and perceptual factors are more prominently reported, alongside the recognition of combined influences. According to an interviewee:

> The major factors influencing uptake are financial constraints and lack of awareness, as many people cannot afford medical services and do not understand the importance of preventive health checkups (Male, Medical Doctor, 66 years, IDI, Onitsha).

Another interviewee stated:

> Several factors affect uptake, including financial limitations, lack of knowledge, distance to health facilities, and time constraints, which discourage people from seeking routine medical checkups (Female, Nurse, 50 years, IDI, Ukwulu).

Another interviewee however argued:

> Some people avoid routine medical checkups due to beliefs, time limitations, and financial challenges, as they prioritize daily survival needs over preventive healthcare (Male, Businessman, 31 years, IDI, Umunya).

Table 4: Respondents' views on how socio-cultural factors influence the uptake and access to routine medical check-ups

Responses	Frequency	Percent
Negatively	337	90.8
Positively	23	6.2
I don't know	11	3.0
Total	371	100.0

Field Survey, 2026

The data shows how perceived socio-cultural factors influence the uptake and access to routine medical check-ups, indicating that a vast majority of respondents, 90.8%, believe these factors have a negative influence. In contrast, 6.2% perceive a positive influence, while 3% indicated that they do not know. This pattern shows that most respondents associate these factors with barriers rather than facilitators of access and utilization, with only a small proportion viewing them as supportive or beneficial.

Test of Study Hypotheses

H_0: Educational level has no influence on the uptake of routine medical check-ups among residents of Anambra State.

Table 5: Relationship between education level and uptake of routine medical check-ups in Anambra State

			How often do you go for routine medical check-ups?					
			Every month	Quarterly	Bi-annually	Yearly	Rarely	Total
Highest educational qualification	No formal education	Count	0	4	1	6	2	13
		Expected Count	.1	1.9	1.6	6.6	2.7	13.0
	FSLC	Count	0	2	3	15	3	23
		Expected Count	.2	3.3	2.9	11.7	4.8	23.0
	SSCE/GCE	Count	1	18	12	72	28	131
		Expected Count	1.4	18.7	16.6	66.7	27.5	131.0
	OND/NCE	Count	2	10	8	46	23	89
		Expected Count	1.0	12.7	11.3	45.3	18.7	89.0
	Bachelor's degree/HND	Count	0	14	16	37	16	83
		Expected Count	.9	11.9	10.5	42.3	17.5	83.0
	Postgraduate degree	Count	1	5	7	13	6	32
		Expected Count	.3	4.6	4.1	16.3	6.7	32.0
Total		Count	4	53	47	189	78	371
		Expected Count	4.0	53.0	47.0	189.0	78.0	371.0
χ^2=20.083, DF=20 P-value= 0.453								

Field Survey, 2026

Table 5 shows the chi-square test of independence between educational level and uptake of routine medical check-ups in Anambra State. Questionnaire items 4 and 10 were used to test hypothesis three. The null hypothesis stated that educational level has no influence on the uptake of routine medical check-ups among residents of Anambra State. The result of the chi-square test of independence revealed that there is no statistically significant relationship between educational level and uptake of routine medical check-ups, χ^2 (20, N = 371) = 20.083, p = 0.453. Therefore, the null hypothesis was accepted while the substantive hypothesis was rejected. This implies that educational level does not have a significant influence on the uptake of routine medical check-ups among residents of Anambra State.

DISCUSSION OF FINDINGS

This study examines the socio-cultural and related factors influencing the uptake of routine medical check-ups in Anambra State. One of the major findings is the influence of socio-cultural and economic factors, particularly the high cost of healthcare. This finding agrees with Amoah et al. (2024), who found that financial difficulties are an important factor affecting healthcare utilization in similar settings. However, the present finding also shows that the problem is not only financial. Psychological concerns, such as fear of misdiagnosis, also discourage some residents from seeking routine medical check-ups. When financial difficulties are combined with concerns about the quality and reliability of healthcare services, people may be less willing to use preventive healthcare services. This suggests that both economic and psychological factors work together to limit the uptake of routine medical check-ups.

Therefore, improving access to preventive care in Anambra State may require not only reducing the financial burden on residents but also building greater trust and confidence in the healthcare system.

Accessibility, as revealed in the findings, is not primarily a problem of distance but of service experience and affordability. While many respondents live relatively close to health facilities, challenges such as long waiting times and inadequate equipment diminish the practical accessibility of these services. This aligns with Douthit et al. (2015), who conceptualize access as a multidimensional construct. The present findings deepen this understanding by showing that even when geographic access is resolved, system inefficiencies can effectively recreate barriers. Compared to more efficient health systems where waiting times are shorter and equipment is reliable, the current context reveals that access is constrained by the quality and responsiveness of service delivery, not just availability.

The study found that educational level does not have a statistically significant relationship with the uptake of routine medical check-ups among residents of Anambra State. The result indicates that respondents with different levels of education reported relatively similar patterns of utilization, suggesting that higher educational attainment does not necessarily translate into more frequent routine medical check-ups. This finding is consistent with Chen et al. (2023), who found that participation in preventive healthcare was influenced more by perceived need and access than by demographic characteristics. In the context of the present study, factors such as cost, accessibility of healthcare facilities, availability of services and trust in the healthcare system may therefore be more important in determining whether residents attend routine medical check-ups. The finding further suggests that even individuals with higher educational qualifications may experience the same structural barriers as those with lower levels of education. Thus, improving uptake may require interventions that address these broader barriers rather than relying mainly on increasing health knowledge or educational attainment.
The findings support both the theory of planned behaviour and the health belief model, showing that health behaviour is influenced by people's attitudes, perceptions and the barriers they face, rather than by awareness alone. From the perspective of the theory of planned behaviour, the generally positive perception of routine medical check-ups suggests that respondents have favourable attitudes towards preventive healthcare. The influence of health workers and social media also shows that social and informational sources can shape people's decisions about seeking check-ups. However, the low and irregular uptake of routine check-ups suggests that having a positive attitude does not always lead to actual behaviour. Factors such as cost, long waiting times and limited accessibility may reduce people's ability to act on their intentions. The findings also support the health belief model, as respondents recognized the benefits of early diagnosis and disease prevention, indicating high perceived benefits. Despite this, perceived barriers such as cost, fear of misdiagnosis and lack of time continued to discourage utilization. The absence of a significant relationship between demographic factors such as education and uptake further suggests that people's health behaviour may be influenced more by perceived barriers and access to healthcare than by their demographic characteristics alone.

CONCLUSION

This study investigates the factors influencing the uptake of routine medical checkups among residents, revealing a complex interaction between awareness, access, and structural constraints. Although awareness of routine medical checkups and their benefits is widespread, this knowledge has not been effectively translated into consistent practice, indicating a persistent gap between health knowledge and health behaviour. The findings show that health

seeking behaviour is shaped more by contextual realities such as cost, service quality, waiting time, and perceived reliability of healthcare facilities than by demographic characteristics like age or education. Socio cultural influences, including fear of misdiagnosis and competing daily demands, further complicate individuals' ability to prioritize preventive care. The clear disparities in access between urban and rural areas highlight systemic inequalities in the distribution of healthcare resources, reinforcing the importance of equitable health system development. These insights suggest that improving the uptake of routine medical checkups requires more than awareness campaigns; it demands a holistic approach that addresses financial barriers, strengthens healthcare infrastructure, enhances service delivery, and builds trust in the health system.

RECOMMENDATIONS

The following recommendations have been made based on the findings

1. Government and relevant health authorities should prioritize the reduction of the cost of routine medical checkups by subsidizing services and regulating charges in both public and private health facilities. This will directly address the financial barrier that discourages many individuals from seeking preventive care.
2. Healthcare institutions should implement continuous training and capacity building programmes for health workers to improve their attitudes, communication skills, and service delivery. A more patient centered approach will enhance trust and encourage greater utilization of health services.
3. Public enlightenment campaigns should be intensified through multiple channels to educate people on the importance and benefits of routine medical checkups. These campaigns should be tailored to address misconceptions and promote positive health seeking behaviour across different communities.
4. Government, in collaboration with private and public sector institutions, should introduce compulsory routine medical checkups in workplaces, schools, and other organized settings. This will institutionalize preventive healthcare and ensure regular screening for a larger proportion of the population.

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