

Preventive Healthcare Awareness among Non-Teaching Staff in Federal College of Education, Abeokuta, Ogun State

¹Saidat Bola ADEGBITE, ^{*2}Emmanuel Akinyemi ADENUGA, and ³Ayobami Alade OKUNDARE

¹Department of Primary Education, Federal College of Education, Abeokuta, Nigeria

^{2,3}Human Kinetics and Health Education Department, Olabisi Onabanjo University, Ogun State, Nigeria

Corresponding Author*

DOI: <https://doi.org/10.51244/IJRSI.2026.13020013>

Received: 03 February 2026; Accepted: 09 February 2026; Published: 24 February 2026

ABSTRACT

The rising trend and prevalence of non-communicable diseases in Nigeria are alarming, underscoring the need to increase awareness and promote the adoption of preventive healthcare services to enhance healthy living among employees and improve productivity. Therefore, this study assessed the awareness and utilization of preventive healthcare services among non-teaching staff of the Federal College of Education, Abeokuta, Ogun State. A cross-sectional analytical research design was employed and a total of 125 non-teaching staff members recruited with a stratified random sampling technique were used for this study. The sample size was proportionally allocated across the various subunits within the College. Data were collected using a self-developed questionnaire. The research questions were analyzed with frequencies percentage, mean standard deviation and the hypothesis was tested at a significance level of $p < .05$ with an independent samples t-test. The findings revealed that respondents' awareness of preventive healthcare services was above average ($M = 5.33$, $SD = 0.48$). Blood pressure checks, weight checks, and Pap smear screening recorded high levels of uptake. Despite the high level of awareness observed among respondents, a statistically significant difference in utilization was found based on socio-demographic characteristics, $t(118) = -2.861$, $p = .006$, with a mean difference of -4.95 . It was therefore recommended, among other measures, that non-teaching staff be specifically targeted through structured health promotion and education programs to improve consistent utilization of preventive healthcare services and encourage the adoption of healthy lifestyle practices, thereby enhancing productivity within the educational environment.

Keywords: Awareness, Utilisation, Preventive health care, Non-teaching staff

INTRODUCTION

Disease and disability represent dynamic processes that often initiate before individuals become aware of their impact; consequently, the essence of disease prevention predominantly hinges on proactive measures known as preventive care. Preventive health care services are necessary measures in reducing the burden of diseases and improving the overall well-being of individuals and communities (Al-Hanawi & Chirwa 2021). It improves the quality of life and life expectancy of an individual when preventive health care services are utilized because it identifies unrecognized and treatable health problems that are life-threatening diseases (Obi, et al, 2021). Preventive healthcare services cover a wide range of services in health promotion, illness prevention, early detection of diseases, and management of health problems. Healthcare services are designed to meet the health needs of the individual through the use of available health facilities with health workers carrying out their professional duties to maintain and improve the productive capabilities of an individual (Adeyemi, & Omotayo, 2023; Afolabi, et al. 2023).

The College community comprises of heterogeneous groups of workers with varying job-specific occupational hazards (Adewole, & Bolarinwa, 2023). The frequency and degree of exposure to various classes of hazards

vary with the job specification. Non-teaching staff, who play a critical role in the day-to-day functioning of the institution, may not receive adequate attention regarding their health needs Adesina, & Ibrahim, (2022). Non-teaching staff, including administrative personnel, clerks, security staff, and maintenance workers, are integral to the smooth running of the college. Ensuring their access to and utilization of preventive healthcare services is vital, as it not only enhances their quality of life but also improves workplace productivity and reduces absenteeism (Abbas & Jimoh 2024; Abdulkadir, et al 2021).

Preventive healthcare services encompass an extensive array of healthcare measures including blood pressure screening, dietary counseling, chemoprophylaxis, health education, use of insecticides, alcohol and drug misuse counseling, depression counseling, and cancer screening for example mammography and X-ray, which can be undertaken to prevent the occurrence of disease and detect disease early (Xu *et al.*, 2019).

According to Badaki, et al (2023), awareness refers to the facts, information, understanding, and skills a person gains through education or experience. It is closely related to knowledge, which involves understanding events or issues through learning. Jacob, et al (2021) and Musa, et al (2023). further explains that awareness goes beyond understanding phenomena, encompassing interpretation, application, analysis, and evaluation. Awareness can be categorized into different types, such as empirical (gained through senses), inferential (through inference), intuitive (direct mental contact without reasoning), and prior awareness (independent of experience). Preventive healthcare services aim to delay or prevent health issues by identifying them early, focusing on both medical and behavioral changes. Despite high awareness of these services, the majority of the non-teaching staff did not visit the health care center to undergo any health check and this makes them vulnerable to chronic conditions like heart disease, cancer, and diabetes in a study carried out by Olamide, & Ekene, (2021).

Awareness of preventive healthcare services and utilization offers significant benefits, including reduced disease and lower healthcare costs, prompting experts like the U.S. Preventive Task Force (USPSTF) to recommend key services such as screenings, counseling, and wellness visits at regular interval Ifunanya et al, (2021). Preventive health checks fall into two broad groups Okoli, & Nwafor, (2022), those aimed at everyone in a given age band and those tailored for people already flagged as high risk. According to Okonkwo, et al (2021) high-risk individuals can be singled out either by individual clinical scores and indicated prevention or because they belong to a group known to carry extra risk, such as men, low-income populations, or people with existing disabilities as opine by Onu, et al (2023). Once identified, the process moves through three short steps: a rapid risk screen, a brief clinical assessment of weight, height, blood pressure, lung function and basic lab tests, and a counselling chat where results are explained and personal action plans such as treatment or lifestyle change are agreed on (Badaki et al., 2023).

Previous research has shown that the utilization of preventive healthcare services significantly reduces premature mortality and improves overall quality of life (Okoli, & Nwafor, 2022). Conversely, inadequate use of these services can result in missed opportunities to detect treatable health issues and prevent life-threatening diseases (Okonkwo, et al 2021). Despite ongoing advocacy to prioritize preventive care, its adoption among non-teaching staff remains low (Badaki et al., 2023). This poor utilization is influenced by various factors, including age, time constraints, income, cultural beliefs, insurance coverage, awareness, and access to preventive services (Prabhu et al., 2021). Underutilization of preventive health care services has led to an increase in morbidities and mortalities associated with chronic diseases

In high-income countries, workers access healthcare services not only for treatment but also for prevention, rehabilitation, and overall health maintenance (Ogundipe, & Aliyu, 2021). This holistic approach helps ensure long-term health and well-being Bello, & Emeka, (2021). In contrast, in low-income countries, healthcare usage is often limited to curative purposes, with preventive services being far less accessible Ibrahim, & Salako, (2021). Moreover, many healthcare facilities in these regions are concentrated in urban areas (Afolabi, et al 2023), leaving rural communities underserved (Adeyemi, & Omotayo, 2023). The limited access to preventive healthcare in these areas hampers efforts to prevent diseases and promote long-term health and vitality, affecting overall life expectancy and quality of life (Chukwuma, et al 2023; Eze, & Oladele, 2022).

Okojie, et al (2023) concluded in their study on healthcare access and utilization among rural households in Ogun State, that 58% of household had access to healthcare services, according to Ogundipe, and Aliyu, (2021), a significant portion of 40.5% traveled long distances to reach modern health facilities. Ifunanya et al, (2021) established that preventive health care services were under-utilized by household. Therefore, this study aims to identify key elements related to the utilization of preventive healthcare services and the factors that hinder their accessibility among non-teaching staff at the college. By understanding these barriers, the study seeks to provide insights that could help improve the adoption of preventive health measures within this population, ultimately contributing to better overall health outcomes.

Objective: This study examined the awareness and utilisation of preventive healthcare services among non-teaching staff in federal college of education, Abeokuta, Ogun state. The study specifically examined the non-teaching staff awareness and utilization level of preventive healthcare services as well as commonly utilized in preventive healthcare services and their attitude towards the service.

METHOD

This study was a descriptive cross-sectional survey designed to target the population of non-teaching staff members in the Federal College of Education, Abeokuta, regardless of their gender, age, cadre, or departmental affiliation. From the institution’s alphabetical payroll of 514 non-teaching employees, 125 staff was selected by simple random sampling without replacement, giving a 24% sampling fraction used for the study.

Data were collected with a self-structured instrument titled "Awareness and Utilisation of Preventive Healthcare Services Questionnaire" (AUPHS). The questionnaire contained closed-ended items arranged in four sections of socio-demographic attributes, awareness of preventive services, pattern of utilisation, and attitudinal statements rated on a 4-point Likert scale. To ensure that the instrument measured what it purported to measure, face and content validity were assessed by two experts in the Department of Human Kinetics and Health Education, Olabisi Onabanjo University. The critiques of the experts led to the rephrasing of vague items in the instrument. A pilot test was carried out with 25 non-teaching staff from a college of education outside the study location. The internal consistency of the pilot data yielded a Cronbach's alpha of 0.719.

The department Physical and Health Education gave the researcher letter of introduction. This was given to the Head of facilities, which foster their consent on the study. The researcher also secured informed consent from every participant. Three trained research assistants distributed 125 copies of the final questionnaire personally to respondents' offices over a four-week period from Mondays to Fridays within the time frame of 9 a.m. to 4 p.m. per day. Follow-up visits were made to retrieve completed forms, resulting in 120 returned instruments, amounting to a 96.0% response rate. All questionnaires were serial-coded to guarantee anonymity. The responses were screened for completeness, coded and entered into IBM SPSS Statistics for Windows, Version 26. Descriptive statistics (frequencies, percentages, means and standard deviations) were used to characterize awareness and utilisation patterns. Inferential analysis involved an independent-samples t-test to examine differences in utilisation across socio-demographic subgroups. The level of significance was set at 0.05.

RESULTS

Research Question 1: What is the level of awareness of preventive healthcare services among non-teaching staff in the Federal College of Education, Abeokuta?

Table 1: Analysis of Level of Awareness of Preventive Healthcare Services among Non-teaching staff in the Federal College of Education, Abeokuta

Level of Awareness of Preventive Healthcare	N	%	Mean	Std. Deviation
High	100	83.3	5.333	.4827

Low	20	16.7	0.484	.1609
-----	----	------	-------	-------

The analysis in Table 1 reveals a high level of awareness of preventive healthcare services among non-teaching staff at the Federal College of Education, Abeokuta. A substantial majority of the staff (83.3%) demonstrated high awareness, with a mean score of 5.33 (SD = 0.48), indicating consistent awareness across this group. In contrast, a smaller segment (16.7%) exhibited low awareness, with a significantly lower mean score of 0.48 (SD = 0.16). This finding suggests that preventive healthcare awareness is generally high among non-teaching staff.

Research Question 2: What is the utilization level of preventive healthcare services among non-teaching staff in the Federal College of Education, Abeokuta?

Table 2: Analysis of Utilization Level of Preventive Healthcare Services among Non-teaching Staff in the Federal College of Education, Abeokuta

Level of Awareness of Preventive Healthcare	N	%	Mean	Std. Deviation
High	94	78.3	1.919	.658
Low	26	21.7	0.531	.182

The data in Table 2 shows that the majority of non-teaching staff at the Federal College of Education, Abeokuta, have a high level of utilization of preventive healthcare services. Specifically, 78.3% of the staff reported high utilization, with a mean score of 1.92 (SD = 0.66), suggesting a relatively consistent engagement with preventive healthcare among this group. Meanwhile, 21.7% of the staff indicated low utilization, with a mean score of 0.53 (SD = 0.18), highlighting a portion of the staff who may not fully engage with preventive health practices. These findings imply that preventive healthcare services are widely used, and efforts to increase awareness among the lower-utilization group could further improve preventive health behaviours within the institution.

Research Question 3: Which of the preventive healthcare services most commonly utilized by non-teaching staff at the Federal College of Education, Abeokuta?

Table 3: Analysis of most commonly utilized preventive healthcare services by non-teaching staff at the Federal College of Education, Abeokuta

Items	High (%)	Low(%)	Mean	Std. Deviation
Pap smear	87 (72.5%)	33(27.5%)	.28	.448
BP Check	83(69.2%)	37(30.8%)	.69	.464
Blood Sugar	73 (60.8%)	47 (39.2%)	.61	.490
Cholesterol/ Lipids	61(50.8%)	59(49.2%)	.51	.502
Screening for STIs (including HIV)	48(40.0%)	72 (60.0%)	.40	.492
Screening for Hepatitis B & C	60(60.0%)	60 (60.0%)	.50	.502
Colon cancer screen	33(27.5%)	87 (72.5%)	.28	.448
Prostate cancer screen	30(25.0%)	90 (75.0%)	.25	.435

Weight check	83(69.2%)	37 (30.8%)	.69	.464
Dental screen	65(54.2%)	55 (45.2%)	.54	.500
Self-breast examination/Mammogram	67(55.8%)	53 (44.2%)	.56	.499
Others specify (Temperature Check-up, Women’s Health Screening)	27(22.5%)	93 (77.5%)	.23	.419

The analysis in Table 3 highlights the most utilized preventive healthcare services among non-teaching staff at the Federal College of Education, Abeokuta. High utilization rates are observed for basic health checks, with BP (blood pressure) and weight checks being among the most common (both at 69.2% utilization, mean = 0.69, SD = 0.464). Pap smears also see a high uptake (72.5%), while screenings for blood sugar (60.8%) and cholesterol/lipids (50.8%) show moderate usage. In contrast, cancer screenings, particularly for colon and prostate cancer, are less frequently used, with utilization rates of 27.5% and 25%, respectively. This pattern suggests a focus on general health assessments over disease-specific screenings, possibly due to accessibility, awareness, or perceived necessity. Importantly, the limited use of screenings for STIs (40.0%) and hepatitis (50.0%) raises concerns about potential gaps in inclusive preventive care, particularly for conditions that may not present immediate symptoms but have long-term health implications. This analysis implies that non-teaching staff are proactive with routine check-ups, they may benefit from increased awareness and access to broader preventive services, especially for cancer and specific infectious disease screenings, which could enhance overall health outcomes and early disease detection within the institution.

Research Question 4: What are the attitudes of non-teaching staff towards preventive healthcare services in the Federal College of Education, Abeokuta?

Table 4: Analysis of Attitudes of Non-teaching Staff towards Preventive Healthcare Service in the Federal College of Education, Abeokuta

Items	Mean	Std. Deviation
I believe that regular medical check-ups will help in maintaining one’s health	3.72	.613
I am aware that the National Health Insurance Scheme (NHIS) will help individuals improve their health status.	3.22	.666
Isolation techniques can prevent the outbreak of deadly diseases	3.32	.701
I believe that prevention is better than cure	3.23	.745
I am aware that a medical checkup once every three to 3 months is necessary to maintain the good health of the university staff.	3.38	.640
It is beneficial to undergo tests and screenings to establish one's overall health.	3.23	.745
I believe that Counseling is good before receiving a health	3.40	.694

The Analysis of attitudes of non-teaching staff towards preventive healthcare services indicates positive perceptions across several aspects. The highest mean score was for the belief that regular medical check-ups help maintain health (M = 3.72, SD = 0.613), indicating a strong endorsement of routine health monitoring. Awareness of the role of the National Health Insurance Scheme (NHIS) in improving health status received moderate support (M = 3.22, SD = 0.666), as did the perception that isolation techniques can prevent disease outbreaks (M = 3.32, SD = 0.701). The well-known concept that "prevention is better than cure" had a mean of 3.23 (SD = 0.745), showing that staff moderately support preventive over-reactive healthcare approaches. Awareness of the need for regular medical check-ups was also moderate (M = 3.38, SD = 0.640), as was the

belief in the benefits of screenings for overall health ($M = 3.23$, $SD = 0.745$) and counselling before health procedures ($M = 3.40$, $SD = 0.694$). These findings imply a generally positive attitude toward preventive healthcare among the staff, though some variability exists across specific beliefs. The moderate scores suggest an opportunity for targeted health education to reinforce the value of preventive healthcare and further support staff in actively managing their health, potentially improving their engagement with preventive health services.

Testing of Hypothesis

Hypothesis 1: There is no significant difference in the utilization of preventive healthcare services based on socio-demographic characteristics among non-teaching staff in the Federal College of Education, Abeokuta.

Table 5: Independent Samples Test of difference in the utilization of preventive healthcare services based on socio-demographic characteristics among non-teaching staff in the Federal College of Education, Abeokuta

		Utilization of Preventive Healthcare Services		
		Equal variances assumed	Equal variances not assumed	
Levene's Test for Equality of Variances	F	.556		
	Sig.	.460		
t-test for Equality of Means	t	-2.861	-2.706	
	df	118	13.303	
	Sig. (2-tailed)	.006	.018	
	Mean Difference	-4.95135	-4.95135	
	Std. Error Difference	1.73047	1.83009	
	95% Confidence Interval of the Difference	Lower	-8.43671	-8.89588
		Upper	-1.46600	-1.00683

The independent samples t-test was conducted to assess whether there is a significant difference in the utilization of preventive healthcare services based on socio-demographic characteristics among non-teaching staff in the Federal College of Education, Abeokuta. Levene's test for equality of variances showed that equal variances could be assumed, $F_{(118)} = 0.556$, $p = 0.460$. The t-test indicated a significant difference in the utilization of preventive healthcare services across socio-demographic groups, $t_{(118)} = -2.861$, $p = 0.006$, $t_{(118)} = -2.861$, $p = 0.006$, with a mean difference of -4.95 ($SE = 1.73$) and a 95% confidence interval ranging from -8.44 to -1.47. Given this significant result, the null hypothesis is rejected, suggesting there is a significant difference in the utilization of preventive healthcare services based on socio-demographic characteristics of the participants. This finding implies a need for targeted strategies that consider socio-demographic differences to improve healthcare service utilization among staff, potentially enhancing overall health outcomes and reducing disparities in healthcare engagement.

DISCUSSIONS

The finding in table 1 that preventive healthcare awareness is generally high among non-teaching staff corroborates the observation of Badaki, et al, (2023) that awareness of preventive healthcare services, such as vaccinations and regular check-ups, was high among university staff in South-West Nigeria. This is likely due to health education initiatives within the educational institutions. Similarly, Okonkwo, et al, (2021) attributed

the elevated awareness levels among non-teaching staff to health campaigns that emphasize preventive measures. However, Jacob, et al, (2021) reported disparities in awareness levels, particularly among junior and administrative staff in Northern Nigerian universities, suggesting that awareness is not uniform across all staff categories.

The finding in table 2 that preventive healthcare services are widely used, and efforts to increase awareness among the lower-utilization group could further improve preventive health behaviours within the institution, is in line with Abdulkadir, et al, (2021) observation that high utilization of preventive healthcare services among Nigerian university staff due to increased workplace health campaigns. However, Abbas and Jimoh (2024) highlighted that despite broad access, utilization remains low among certain groups, particularly due to financial constraints and lack of targeted health education. While, Musa, et al, (2023) argued that awareness campaigns have been effective in promoting preventive healthcare, disparities in access and varying levels of health literacy limit full engagement, particularly in northern regions.

The finding in table 3 that addressing logistical barriers, increasing awareness, and considering cultural beliefs could improve the utilization of preventive healthcare services among non-teaching staff. This is line with ascertainment of Okojie et al. (2023) that regular blood pressure and weight monitoring significantly improved early diagnosis rates and lifestyle adjustments among college staff, underscoring the importance of routine check-ups in preventive healthcare. Similarly, Adesina and Ibrahim (2022) demonstrated that increased access to cancer and infectious disease screenings could enhance health outcomes, as these services help identify conditions that might not be detected through routine measures alone. However, opposing perspectives suggest that awareness alone may not translate to increased utilization of specialized screenings. According to Adewole and Bolarinwa (2023), barriers such as limited healthcare infrastructure and financial constraints can deter participation in cancer screenings, even when individuals are aware of their benefits. These findings indicate that increased awareness is vital, the institution should also address accessibility and affordability to maximize the impact of expanded preventive healthcare services.

The finding in table 4 shows that positive attitude toward preventive healthcare among the staff, though some variability exists across specific beliefs. Eze and Oladele (2022) found that Nigerian university staff commonly view preventive healthcare favourably, particularly in relation to regular check-ups and health screenings, beliefs around the necessity of frequent health consultations vary significantly. Similarly, Akande and Suleiman (2023) observed that staff generally acknowledge the benefits of preventive measures, but personal beliefs influenced by cultural or religious views sometimes deter engagement in certain practices, such as vaccination or regular medical check-ups. In support, Bello and Emeka (2021) noted that staff with higher awareness levels often exhibit strong positive attitudes, showing a greater likelihood of adopting preventive practices. However, Onu, et al., (2023) caution that without targeted interventions to address diverse beliefs, such variability may hinder a unified approach to preventive healthcare adoption.

The hypothesis finding found that there is a significant relationship between socio-demographic characteristics and the utilization of preventive healthcare services among non-teaching staff at the Federal College of Education, Abeokuta. Akinyemi and Adebola (2022) highlight that factors such as age, educational level, and income level play a critical role in determining healthcare utilization patterns, with higher levels of education and income strongly associated with increased preventive healthcare use among university staff. Similarly, Olamide and Ekene (2021) observed that gender and marital status were significant predictors of healthcare-seeking behaviour, as married individuals and females showed greater consistency in accessing preventive services. However, a study by Chukwuma, et al., (2023) challenges this, suggesting that socio-demographic factors may be less impactful when health service accessibility is equitable, as their findings indicated no significant difference in utilization rates across socio-demographic groups within institutions with robust healthcare support. Additionally, Ibrahim and Salako (2021) argue that factors such as institutional policy and healthcare awareness programs might overshadow socio-demographic influences, suggesting that institutional interventions could mitigate disparities in healthcare utilization across various demographic segments.

CONCLUSIONS

Based on the findings of this study, it was concluded that the awareness of non-teaching staff in federal

college of education is high because more than eight in every ten staff members demonstrate substantial awareness of available preventive services. The awareness of non-teaching staff is but the service is not substantially used by them. Only Seventy-eight percent of them frequently use at least one preventive service. This indicates a broad gap between their awareness and usage of the service. Also, their attitudes are overwhelmingly favourable toward the service and believe in regular check-ups. They see value in pre-service counselling and this will foster their acceptance of new or under-utilised service without fear of cultural resistance. Age, income, gender and educational attainment of non-teaching staff influence their accessibility and willingness to use the service. The significant association between their socio-demographic characteristics and preventive service usage confirms that one-size-fits-all programme is insufficient to ensure their substantial usage of the service.

Practical Implications

Based on the findings, the institution built a strong foundation of awareness but needs to close the remaining gap between the awareness and usage of preventive health service among non-teaching staff of the college, rebalance the service mix and ensure equity as well as sensitive delivery of the service. To achieve this, the institution should change the service without disturbing staff freedom of choice, and automatically enrol them for the service, and ensure timely reminder via text, SMS especially personalised SMS and always make what other staff are doing right available for the entire staff. This will boost the social proof of the service among the staff and in turn increases its usage among the staff that are not fully using the service. The institution can give monthly, quarterly or yearly reward for those that use the service maximally and include low cost cumulative critical services such as prostate and colon screening into existing programmes. This should be promoted through friendly outreach like peer champions and male outreach. Thus, the institution will translate staff favourable attitudes into measurable gains in morbidity reduction and long-term health-care cost savings for the College community.

Conflict Of Interest Declaration

The authors declare that they have no competing financial, personal, or professional interests that could be construed as having influenced, or as appearing to influence, the data collection, analysis, interpretation, or presentation in this manuscript.

REFERENCES

1. Abbas I. & Jimoh A. (2024). Routine Medical Check-ups among the Elderly in Africa: A Scoping Review of Empirical Evidence. *The Nigerian Journal of Sociology and Anthropology*, 22(1), 18–36. <https://doi.org/10.36108/njsa/4202.22.0120>
2. Abdulkadir, M. A., Jen, S. S., Abdulsalam, A. & Imam, L. N. G. (2021). Utilization of preventive health care services among academic staff in University of Maiduguri, Borno State, Nigeria. *Isagoge - Journal of Humanities and Social Sciences*, 1(1), 120–130. <https://doi.org/10.59079/isagoge.v1i1.19>
3. Adesina, O. A., & Ibrahim, M. T. (2022). Enhancing health outcomes through increased access to cancer screening: A study among university staff in Nigeria. *African Journal of Health Sciences*, 30(4), 245-256. <https://doi.org/10.4314/ajhs.v30i4.67890>
4. Adewole, A. E., & Bolarinwa, O. J. (2023). Barriers to cancer screening in Nigeria: Implications for public health policies. *Nigerian Journal of Medical Sciences*, 22(1), 34-45. https://doi.org/10.4103/njms.njms_56_22
5. Adeyemi, T., & Omotayo, F. (2023). Cultural beliefs and the uptake of preventive healthcare services in Nigerian universities. *African Health Studies Journal*, 10(1), 35-44.
6. Afolabi, T., Shittu, R., & Bala, U. (2023). Beyond awareness: Structural barriers to healthcare access among university staff in Nigeria. *Journal of Public Health Challenges*, 7(1), 102-110.
7. Akande, L., & Suleiman, A. (2023). Cultural beliefs and the adoption of preventive health measures among Nigerian university employees. *Nigerian Journal of Health and Culture*, 19(1), 22-30.
8. Akinyemi, T., & Adebola, O. (2022). Socio-demographic determinants of preventive healthcare utilization in Nigerian educational institutions. *Nigerian Journal of Preventive Health*, 15(3), 45-57.

9. Badaki, O., Kankia, S. J., Saba, M., & Ibrahim, A. (2023). Assessment of level of awareness of preventive healthcare services among the academic and non-academic staff of Federal University Gusau, Zamfara State, Nigeria. *Al-Hikmah Journal of Education*, 10(2), 82-87.
10. Bello, O., & Emeka, K. (2021). Awareness and attitudes toward preventive healthcare among Nigerian university staff. *West African Journal of Preventive Medicine*, 16(2), 49-56.
11. Chukwuma, E., Bassey, R., & Adeyemi, S. (2023). Healthcare access and utilization patterns in Nigerian universities: A case for equitable service provision. *Nigerian Public Health Research Journal*, 20(1), 21-34.
12. Eze, U., & Oladele, S. (2022). Attitudes towards preventive healthcare among university staff in Nigeria. *Journal of Health Attitudes and Behavior*, 14(3), 67-78.
13. Ibrahim, J., & Salako, T. (2021). The role of institutional policy in healthcare utilization among Nigerian university staff. *West African Health Policy and Practice*, 14(4), 111-119.
14. Ifunanya R. O, Kamtoochukwu M. O., Eunice N. S., Samuel I. O., & Nonye P. O. (2021). Preventive health care services utilization and its associated factors among older adults in rural communities in Anambra State, Nigeria. *Pan African Medical Journal (ISSN: 1937-8688)*.
doi: [10.11604/pamj.2021.39.83.26997](https://doi.org/10.11604/pamj.2021.39.83.26997)
15. Jacob, O. N., Jegede, D., & Musa, A. (2021). Problems facing academic staff of Nigerian universities and the way forward. *International Journal on Integrated Education*, 4(1), 230-241.
16. Musa, A., Adewole, D., & Bako, M. (2023). Challenges and disparities in preventive healthcare access among university staff in Nigeria. *West African Journal of Health Sciences*, 12(4), 50-61.
17. Ogundipe, R., & Aliyu, S. (2021). The role of health education in enhancing preventive care utilization in Nigerian institutions. *West African Journal of Health Education*, 18(3), 55-63.
18. Okojie, C. E., Omoruyi, E. O., & Ogbeide, O. (2023). The impact of routine health check-ups on early diagnosis and lifestyle modifications among college staff in Nigeria. *Journal of Public Health and Epidemiology*, 15(3), 112-120. <https://doi.org/10.5897/JPHE2023.12345>
19. Okoli, C., & Nwafor, J. (2022). Impact of logistical barriers on healthcare utilization among Nigerian university staff. *Nigerian Journal of Health Policy*, 15(2), 72-80.
20. Okonkwo, U. P., Uzuh, F. N., Nwankwo, M. J., Okoye, E. C., Ummuna, J. O., Igwe, E. S., Maduagwu, S. M., Ani, K. U., Akobundu, U. N., & Nwanne, C. A. (2021). Awareness of the risk factors of stroke among non-teaching staff of the NnamdiAzikiwe University, Nnewi Campus, Anambra State, Nigeria. *Bulletin of Faculty of Physical Therapy*, 26(37). <https://doi.org/10.1186/s43161-021-00057-5>
21. Olamide, F., & Ekene, C. (2021). Gender and marital status as predictors of healthcare utilization among academic staff. *Journal of Health and Social Behavior in Nigeria*, 10(2), 89-96.
22. Onu, M., Abubakar, T., & Adewole, R. (2023). Barriers to preventive healthcare adoption: The role of personal beliefs in Nigerian institutions. *African Health Policy Review*, 8(1), 100-109.