



Socio-Cultural Indices and Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District

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Abstract

The main purpose of this study was to examine the socio-cultural indices and health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. The study was guided by three research questions and three hypotheses. A descriptive research design was used. The target population for the study comprised all 3,244 secondary school teachers in all the public secondary schools in the Akwa Ibom North-East Senatorial District. A sample size of 324 teachers representing 10 percent of the total population was selected for the study using the multistage sampling technique. A researcher-made structured questionnaire entitled "Socio-Cultural Indices and Health Checks Practices Questionnaire (SCIHCPQ)" was used for data collection. The instrument was face validated by five experts of two lecturers from the Department of Human Kinetics and Health Education and three from the Department of Psychological Foundations of Education, University of Uyo. The reliability coefficient result of .78 was obtained using Cronbach's Alpha reliability method. The collated data was analysed using simple linear regression to answer the research questions and to test the hypotheses at the .05 level of significance. The findings revealed that socio-cultural indices such as residential settlement, income and years of working experience significantly influence the health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. It was recommended, among others, that the government should develop

affordable and accessible health screening services, particularly targeting teachers in lower-income brackets and residential settlements with limited healthcare access.

Keywords: Socio-Cultural Indices, Health Checks Practices, Residential Settlement, Income, Years of Working Experience

Introduction

Globally, health checks practices have evolved significantly over the past decades, with many countries integrating routine screening programmes into the healthcare systems. For example, in high-income countries such as the United States, the United Kingdom, and South Korea, regular health assessments are standard components of preventive healthcare. The U.S. Preventive Services Task Force recommends periodic screenings for hypertension, diabetes, cancer, and other conditions for adults across different age groups, emphasising early detection and lifestyle modifications (Johnson & Lee, 2021). Similarly, South Korea's National Health Screening Programme offers free or subsidised annual health examinations to promote early diagnosis and reduce disease burden. These practices are supported by robust healthcare infrastructure, health education, and policies that encourage proactive health-seeking behaviour among citizens. The World Health Organization (WHO, 2020) advocated for universal health coverage, including access to regular health checks, as a means to improve health outcomes globally.

In Nigeria, health checks practices are gradually gaining recognition, particularly among urban populations and civil servants, including teachers. The Nigerian government has initiated several programmes aimed at promoting health awareness and early detection, such as the National Health Insurance Scheme (NHIS), which advocates for regular health assessments among enrollees (Ogunleye & Akinyemi, 2022). However, the implementation of routine health checks remains inconsistent, especially in rural areas where access to healthcare services is limited. Cultural beliefs, misconceptions, and economic constraints often hinder participation in health screening activities. According to Udofia and Akpan (2020), the awareness of health checks is relatively low in Nigeria, and many individuals do not perceive the importance of regular health assessments unless symptomatic.

In the specific context of the Akwa Ibom North-East Senatorial District, health checks practices among teachers are suboptimal, with many not engaging in regular health assessments. This is partly due to limited access to healthcare facilities, lack of awareness, and cultural or religious beliefs that influence health behaviours (Udofia & Akpan, 2020). The district's demographic profile, characterised by a mix of urban and rural settlements, presents disparities in health service accessibility. Urban teachers tend to participate more in health screening programmes owing to proximity to healthcare facilities and exposure to health education campaigns, whereas rural teachers face barriers such as transportation challenges, traditional beliefs, and economic hardship. These disparities underscore the

need to understand how socio-cultural indices influence health checks practices and to develop strategies that address cultural barriers to promote preventive health behaviours among secondary school teachers. Socio-cultural indices such as residential settlement, income and years of working experience could significantly influence health checks practices.

Residential settlement also impacts health checks practices due to disparities in healthcare access, availability of services, and health infrastructure. Teachers residing in urban areas generally have better access to health facilities, diagnostic centres, and health promotion programmes, leading to higher rates of regular health checks. Urban residents often benefit from proximity to healthcare providers and health campaigns, which facilitate early detection and prevention of health issues. Conversely, teachers in rural or peri-urban areas may face barriers such as distance to clinics, inadequate healthcare infrastructure, and limited health literacy, which hinder their participation in health screening activities. Socio-economic factors intertwined with settlement type also influence health behaviours. The disparities in health infrastructure and socio-cultural influences underscore the importance of tailored interventions that consider settlement patterns when promoting health checks practices among teachers (Afolabi & Oladipo, 2022). Also, income is another important variable in this study.

Income plays a crucial role in shaping health checks practices among secondary school teachers, as higher income levels enable better access to healthcare services. Teachers with higher incomes are more likely to afford regular health screenings, seek preventive care, and visit healthcare facilities without financial barriers, thereby promoting early detection and management of health issues (Kumar et al., 2022). Conversely, teachers with lower income often face financial constraints that limit their ability to prioritise health checks, resulting in reduced frequency of medical assessments and potentially poorer health outcomes. This financial disparity underscores the influence of income on health-seeking behaviours, highlighting the need for policies that improve healthcare accessibility for lower-income teachers to foster better health practices across the education sector (Johnson, 2024).

Years of working experience also show increased confidence and adaptability in integrating new technological tools and pedagogical approaches, contributing to a more dynamic learning environment. Health checks practices among teachers have become increasingly prevalent, emphasising regular health screenings, mental health assessments, and wellness programmes to ensure both physical and psychological well-being. These practices are supported by evidence suggesting that proactive health monitoring reduces absenteeism and enhances teaching performance while also safeguarding the health of educators and students alike (Martinez & Nguyen, 2024). Overall, the integration of comprehensive health checks with ongoing professional development underscores a holistic approach to teacher welfare and effectiveness in contemporary educational settings.

The choice of Akwa Ibom North-East Senatorial District for this study is motivated by its unique socio-cultural landscape and the paucity of localised research on health checks practices among teachers. The district's diverse population, comprising various ethnic groups, religious affiliations, and settlement types, presents an ideal setting to explore how socio-cultural indices influence health behaviours. Existing studies have primarily focused on urban centres or broader regional analyses, leaving a gap in understanding the specific dynamics within this district. Moreover, Akwa Ibom State has experienced health disparities, with rural communities exhibiting lower health service utilisation compared to urban counterparts (Nwachukwu et al., 2023). This district-specific focus will help identify culturally relevant barriers and facilitators to health checks participation among teachers, who are influential societal members and role models for health behaviours.

Understanding these factors among teachers is crucial given their societal role and the potential to serve as catalysts for community health promotion. The district's unique demographic, cultural, and infrastructural profile makes it an ideal site for this research, which aims to generate insights that can inform culturally appropriate health interventions. The researcher's motivation was driven by the desire to bridge knowledge gaps, improve health outcomes, and empower teachers as health advocates within their communities.

Statement of the Problem

The ideal situation regarding socio-cultural indices and health checks practices among secondary school teachers entails a community where teachers possess a high level of awareness and engagement in regular health screenings, supported by positive socio-cultural attitudes that promote health-conscious behaviours (WHO, 2020). In such an environment, teachers would serve as role models for their students and the wider community by prioritising their health, thereby contributing to overall community well-being and academic productivity. Adequate access to health facilities, combined with cultural acceptance of health checks, would facilitate routine health monitoring, ultimately leading to early detection and management of health issues among educators (Ogunleye et al., 2020).

However, the observed situation in the Akwa Ibom North-East Senatorial District indicates a significant gap between this ideal and reality. Many secondary school teachers in the district seem to exhibit low participation in health checks practices, largely due to socio-cultural barriers such as misconceptions, stigma, and traditional beliefs that discourage routine health screenings. Additionally, limited access to health facilities, inadequate health education, and negative attitudes towards health checks further compound the problem, resulting in poor health outcomes among teachers and, consequently, reduced teaching effectiveness and productivity.

Efforts have been made by governmental and non-governmental organisations to promote health awareness through campaigns, health talks, and the establishment of health programmes targeted at teachers. Some schools have incorporated health education into their curriculum, and periodic health screenings are occasionally organised. Despite these

initiatives, participation remains low, and the socio-cultural factors continue to hinder substantial progress. This persistent challenge motivated the researcher to investigate the underlying socio-cultural indices influencing health checks practices among teachers in Akwa Ibom North-East Senatorial District, aiming to identify barriers and propose strategies to foster healthier behaviours and improve overall health outcomes in the educational sector.

Objectives of the Study

The purpose of this study was to examine the influence of socio-cultural indices on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. The study specifically sought to:

- i. Ascertain the influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.
- ii. Examine the influence of income on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.
- iii. Determine the influence of years of working experience on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

Research Questions

The following research questions were raised to guide the study:

- i. What is the influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District?
- ii. What is the influence of income on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District?
- iii. What is the influence of years of working experience on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District?

Research Hypotheses

The following hypotheses were formulated to guide the study and were tested at the .05 level of significance:

- i. There is no significant influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.
- ii. There is no significant influence of income on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

- iii. There is no significant influence of years of working experience on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District.

Research Method

Design of the Study

A descriptive research design was adopted for the study. Descriptive research design is a research methodology that aims to systematically describe the characteristics, behaviours, attitudes, or opinions of a specific population or phenomenon without manipulating any variables (Creswell & Creswell, 2018). This approach is primarily used to gather quantifiable data that provides a clear snapshot of a given group or situation at a particular point in time. It emphasises the accurate portrayal of the current state of affairs, allowing researchers to identify patterns, frequencies, and relationships among variables. In descriptive research, data collection is typically achieved through structured questionnaires, interviews, or observations, which facilitate the collection of standardised information from respondents. The design is advantageous when the objective is to obtain detailed insights into the prevalence of certain behaviours, demographic characteristics, or perceptions within a population (Burns & Grove, 2021). This design was therefore considered appropriate for this study, as it helped the researcher to investigate the influence of socio-cultural indices on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District using a questionnaire.

Area of the Study

The study area was the Akwa Ibom North-East Senatorial District, Nigeria. Akwa Ibom North-East lies between latitudes 40°49' and 50°22' North and longitudes 70°48' and 80°14' East and covers approximately 2,045,109 km² with a population of 784,736, being 28.2 percent and 33.3 percent of the state's total land area and population, respectively. The senatorial district headquarters is Uyo Local Government Area, which is also the capital of Akwa Ibom State. The senatorial district has a total of nine local government areas. These comprise Etinan, Ibesikpo Asutan, Ibiono Ibom, Itu, Nsit Atai, Nsit Ibom, Nsit Ubium, Uruan and Uyo.

The people of this senatorial district are mainly of Ibibio extraction. The Ibibio language is widely spoken and serves as a unifying cultural element. The Senatorial District is bounded in the north by the Abak and Ikono Local Government Areas, in the south by the Onna, Esit Eket, Eket and Okobo Local Government Areas, in the west by the Oruk Anam and Mkpato Enin Local Government Areas and in the east by Cross River State. Akwa Ibom North-East Senatorial District, also known as Uyo Senatorial District, has both urban and rural settlements.

The district is known for vibrant festivals that celebrate cultural heritage, agricultural cycles, and historical events. The Ekpo masquerade festival is one of the most prominent, serving as both an entertainment and a spiritual event that reinforces social

cohesion. Other festivals include the New Yam Festival (Iwa-ji), which marks the beginning of a harvest season and emphasises gratitude to ancestors and deities. These festivals are characterised by elaborate masquerades, traditional dances, drumming, and communal feasts, fostering social bonding and cultural pride. Christianity is the dominant religion in Uyo, largely due to the influence of colonial missionaries. However, traditional beliefs and practices still play a significant role in community life. Many festivals and rituals are intertwined with spiritual elements that honour ancestors and deities, such as Abasi (God) and Ekpo spirits.

The social hierarchy in Akwa Ibom North-East Senatorial District is traditionally organised around a chieftaincy system, with village heads and elders holding authority and responsibility for maintaining customs and resolving disputes. The community places high value on respect for elders, and age-grade systems often regulate social activities and communal labour. These structures ensure cultural continuity and social stability within the district. Marriage customs in Akwa Ibom North-East Senatorial District emphasise communal participation and traditional rites. Bride price (*ibu-ukpong*) and other customary practices are integral to marriage ceremonies. Extended family networks are vital, providing social security and support. Respect for family elders and adherence to cultural norms regarding marriage, gender roles, and inheritance are deeply embedded in the community's life.

The people of the senatorial district are known for their rich artistic heritage, including weaving, beadwork, pottery, and carving. Traditional music and dance play a central role in social functions, with drums, flutes, and other indigenous instruments accompanying storytelling and celebrations. Oral traditions, including folktales, proverbs, and praise poetry, are crucial in transmitting cultural values and history across generations. Local cuisine largely revolves around yam, cassava, plantains, and seafood, reflecting the community's agricultural and fishing lifestyle. Traditional dishes such as *afang* (vegetable soup), *edikang* (palm nut soup), and *fufu* served with various soups are common. Food is often prepared communally, especially during festivals and ceremonies, reinforcing social bonds.

Modernisation and urbanisation have brought changes to the socio-cultural landscape of Akwa Ibom North-East Senatorial District. There is a blending of traditional practices with Western influences, especially among the youth. Education, media, and migration have contributed to evolving cultural identities, leading to new forms of expression and social organisation while still maintaining core cultural values. There are a lot of amenities like good roads, hospitals and schools. There are 89 public secondary schools in Akwa Ibom North-East Senatorial District (that is, 10 secondary schools in Etinan Local Government Area, seven secondary schools in Ibesikpo Asutan Local Government Area, 12 secondary schools in Ibiono Ibom Local Government Area, nine secondary schools in Itu Local Government Area, six secondary schools in Nsit Atai Local Government Area, eight secondary schools in Nsit Ibom Local Government Area, 12 secondary schools in Nsit Ubium Local Government Area, 10 secondary schools in Uruan

Local Government Area and 15 secondary schools in Uyo Local Government Area); this made the area suitable for the study. There are numerous Primary Health Cares distributed across towns and villages in the Akwa Ibom North-East Senatorial District, serving as the first point of contact for basic healthcare services such as immunisation, maternal and child health, and treatment of common ailments. The district has several general hospitals that provide more advanced care, diagnostics, and specialist services. The University of Uyo Teaching Hospital (UUTH) is the main tertiary health institution in the district, offering specialised medical services, training, and research. It serves as a referral centre for complex cases from the district and neighbouring areas. The target population for the study consisted of all the 3,244 secondary school teachers in all the public secondary schools in Akwa Ibom North-East Senatorial District (Akwa Ibom State Secondary Education Board, 2025).

Sample and Sampling Technique

A sample size of 324 teachers representing 10 percent of the total population was selected for the study. The 10 percent of the population was selected as the sample size because, according to Pirooska (2021), in descriptive research, 10 percent of the respective population is sufficient, and the larger the population, the smaller the percentage, and for small populations, the sample size is approximately equal to the population. A multistage sampling technique was used for the study, which involved four stages. In the first stage, a cluster sampling technique was used to group the nine local government areas in Akwa Ibom North-East Senatorial District into three clusters based on the three Federal Constituencies, that is, cluster A (Uyo Federal Constituency), cluster B (Etinan Federal Constituency) and cluster C (Itu-Ibiono Ibom Federal Constituency). The second stage involved the selection of two Local Education Councils (LEC) from each cluster (federal constituency) using a simple random sampling technique.

In the third stage, a purposive sampling technique was used to select six schools from each of the selected Local Education Councils. Purposive sampling is characterised by the selection of a study sample based on a purpose or criteria. Thus, the criteria for the selection of the respondents include the school that is most popular in the area and the school that has the highest population of teachers, which were purposively selected for the study. At stage four and the final stage, the researcher selected nine teachers from each of the selected schools using a simple random sampling technique.

Instrumentation

A researcher-structured questionnaire, entitled “Socio-Cultural Indices and Health Checks Practices Questionnaire (SCIHCPQ)” was the main instrument for data collection for the study. The instrument consists of 33 structured items. The questionnaire was divided into two sections, namely, A and B. Section A consists of three items on demographic data (residential settlement, income and years of working experience). Section B comprises 30

items on the health checks practices. The respondents were required to place a thick (✓) as it applies to them based on their level of agreement with each item.

Validity of the Instrument

The instrument was submitted to five experts in the Faculty of Education, two from the Department of Human Kinetics and Health Education and three from the Department of Psychological Foundations of Education, University of Uyo, for face validation. The researcher asked the validators to assess the instrument to see if the items were clear and relevant to elicit the data required; to what extent the instrument was related to the content of the objectives, research questions and hypotheses; and if the instrument adequately measured the concept it is expected to measure. The items in the instrument were mended before being incorporated into the questionnaire for final correction and were shown to the research supervisor, who approved it before fieldwork.

Reliability of the Instrument

To ascertain the reliability of the instrument, a trial study was conducted with 30 teachers in Abak Local Government Area, respondents outside the study area, using the split-half method. Data obtained were analysed using the Cronbach Alpha Statistical tool to calculate the reliability coefficient of the instrument, which yielded a reliability coefficient of 0.78. This made the instrument considered suitable for the study.

Method of Data Collection

With the letter of introduction, the researcher visited the selected schools and obtained permission from the principals to conduct the study. After obtaining permission, the researcher established a good rapport with respondents to gain their consent, and the questionnaire, being the main instrument for data collection, was administered personally by the researcher with two briefed research assistants. Appropriate information by way of orientation was given to research assistants and the respondents on how the questionnaire should be filled out by the respondents as regards the purpose of the study. The copies of the questionnaire were then distributed to respondents, and the completed copies of the questionnaire were collected on the spot with the help of the research assistants. Out of 324 copies of the questionnaire administered, 318 copies were valid and used for data analysis.

Method of Data Analysis

The collated data were analysed using mean and standard deviation to answer the research questions, while Analysis of Variance (ANOVA) was used to test all the hypotheses at the .05 level of significance.

Results

Research Question One: What is the influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District?

Table 1: Summary of Mean of the Influence of Residential Settlement on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District (n = 318)

Residential Settlement	n	Mean	SD	Remark
Urban	194	69.82	3.97	Significant
Rural	124	58.42	3.64	

Source: Field Work (2026)

The result in Table 1 indicated the mean of influence of residential settlement on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. As shown in the table, teachers in urban areas, with a mean of 69.82, show health checks practices more than the teachers in rural areas, with a mean of 58.42. The standard deviation of 3.97 and 3.64 indicates that the scores were homogenous. Since the mean of the two groups differed, it indicates that there is a influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

Research Question Two: What is the influence of income on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District?

Table 2: Summary of Mean of the Influence of Income on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District (n = 318)

Income (₦)	n	Mean	SD	Remark
100,000 – 150,000	181	66.24	2.93	Significant
151,000 – 200,000	114	68.92	3.08	
250,000 and above	23	7.02	1.38	

Source: Field Survey, 2026

The result in Table 2 indicated the mean of influence of income on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. As shown in the table, teachers with more than N151,000 – N200,000 with a mean of 68.92 had health checks practices, while the group with N200,000 and above with a mean of 7.02 was the least. The value of standard deviation among the groups indicates that the scores were homogenous. The difference in mean indicates that income influences health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

Research Question Three: What is the influence of years of working experience on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District?

Table 3: Summary of Mean of the Influence of Years of Working Experience on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District (n = 318)

Years of Working Experience	n	Mean	SD	Remark
1 – 10 years	115	65.32	3.64	Significant
11 – 20 years	109	70.11	5.12	
21 years and above	94	46.33	2.43	

Source: Field Survey, 2026

The result in Table 3 indicated the mean influence of years of working experience on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. As shown in the table, teachers with 11–20 years of working experience, with a mean of 70.11, have more health checks practices, while the group with 21 years and above, with a mean of 46.33, have the least. The value of standard deviation among the groups indicates that the scores were homogenous. The difference in mean indicates that years of working experience influence health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

H₀₁: There is no significant influence of residential settlement on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District.

Table 4: Summary of independent t-test of the Influence of Residential Settlement on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District (n = 318)

Residential Settlement	n	Mean	SD	t-cal.	Df	p-value	Decision
Urban	194	69.82	3.97	25.29	316	.000	Sig.
Rural	124	58.42	3.64				

The result in Table 4 indicated that the calculated t-value of 25.29 for the influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District is significant. This is because the p-value of .000 is less than the .05 level of significance at 316 degrees of freedom. Therefore, the null hypothesis, which stated that there is no significant influence of residential settlement on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District, is rejected. Hence, residential settlement has significant influence on

health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

H₀₂: There is no significant influence of income on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District.

Table 5: Summary of F-ratio of Influence of Income on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District (n = 318)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Between groups	2942.887	2	2942.887	419.053	.000 ^b
Within groups	2738.858	316	7.023		
Total	5681.745	318			

Source: Field data (2026)

$P \leq .05$

The result in Table 5 shows that the computed F-value is 419.053 with 2 and 316 degrees of freedom as well as the p-value of .000. Since the p-value is less than the alpha value ($p < .05$), the null hypothesis, which states that there is no significant influence of income on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District, is rejected, while the alternative is retained. It can therefore be concluded that there is significant influence of income on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. To determine the groups that contributed to the significant difference, the Bonferroni post hoc test was conducted, and the result is presented in table 6.

Table 6: Bonferroni Post Hoc Test of the Influence of Income on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District

(I) Income (₦)	(J) Income (₦)	Mean Difference (I-J)	Std. Error	Sig.
100,000 – 150,000	151,000 – 200,000	.28886	.18209	.338
	250,000 and above	-1.55029	.24083	.000
151,000 – 200,000	100,000 – 150,000	-.28886	.18209	.338
	250,000 and above	-1.83914	.22056	.000
250,000 and above	100,000 – 150,000	1.55029	.24084	.000
	151,000 – 200,000	1.83914	.22056	.000

*. The mean difference is significant at the 0.05 level.

The result in Table 6 shows the Bonferroni post hoc test for the influence of income on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. As shown in the table, those with N250,000 and above differ significantly from the others in their health checks practices. Those whose income is

N100,000 – N150,000 and N151,000 to N200,000 did not differ significantly in their health checks practices.

H03: There is no significant influence of years of working experience on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District.

Table 7: Summary of F-ratio of Influence of Years of Working Experience on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District (n = 318)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Between groups	2998.276	2	2998.276	435.752	.000 ^b
Within groups	2683.469	317	6.881		
Total	5681.745	318			

Source: Field data (2026)

$P \leq .05$

The result in Table 7 shows that the computed F-value is 435.752 with 2 and 316 degrees of freedom as well as the p-value of .000. Since the p-value is less than the alpha value ($p < .05$), the null hypothesis, which states that there is no significant influence of years of working experience on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District, is rejected, while the alternative is retained. It can therefore be concluded that there is a significant influence of years of working experience on health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. To determine the groups that contributed to the significant difference, the Bonferroni post hoc test was conducted, and the result is presented in table 8.

Table 8: Bonferroni Post Hoc Test for the Influence of Years of Working Experience on Health Checks Practices among Secondary School Teachers in Akwa Ibom North-East Senatorial District

(I) Years of Working Experience	(J) Years of Working Experience	Mean Difference (I-J)	Std. Error	Sig.
1 – 10 years	11 – 20 years	-4.77215	1.35105	.003
	21 years and above	-2.01471	1.55837	1.000
11 – 20 years	1 – 10 years	4.77210	1.35106	.003
	21 years and above	2.75744	1.03920	.050
21 years and above	1 – 10 years	2.01471	1.55837	1.000

21 years and above	-2.75744	1.03920	.050
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*. The mean difference is significant at the 0.05 level.

Source: *Fieldwork (2026)*

The result in Table 8 indicated the Bonferroni post hoc test for the influence of years of working experience on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. As shown in the table, only those with 11-20 years and 21 years and above of working experience differed significantly in their health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

Discussion of Findings

Residential Settlement and Health Checks Practices

The finding of the study revealed that residential settlement has a strong and significant influence on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. This finding could be attributed to the fact that residential settlement significantly influences access to healthcare facilities, health information, and social networks that promote health awareness and proactive health behaviours. Teachers residing in urban or semi-urban areas often have better proximity to hospitals, clinics, and health centres, which makes it easier and more convenient for them to undergo regular health checks. Conversely, those in rural settlements may face challenges such as limited healthcare infrastructure, longer distances to health facilities, and a lack of awareness about the importance of health screenings. This finding implies that residential settlement shapes health checks practices by either facilitating or hindering access to essential health services.

Teachers living in more developed areas are likely to have greater exposure to health promotion campaigns and community health initiatives, which reinforce the importance of regular health checks. Furthermore, urban settlements tend to have more health education programmes and peer influences that encourage health-conscious behaviours, including routine health screenings. Additionally, this finding could be explained by the socioeconomic disparities often associated with residential settlement. Teachers in urban areas may generally have higher income levels, which can improve their ability to afford health checks and related services. In contrast, rural residents might prioritize immediate economic needs over preventive health measures due to limited resources or competing priorities.

The finding of this study agrees with that of Nguyen *et al.* (2023), which indicated that teachers residing in urban areas were significantly more likely to participate in regular health screenings, with 75 percent of urban teachers reporting routine checks compared to only 40 percent in rural areas ($p < 0.001$). Urban teachers also had higher health awareness levels and better access to health facilities, which positively influenced their health-seeking behaviours. Conversely, rural teachers cited distance to health facilities, transportation challenges, and lack of awareness as barriers to regular health checks. The finding also

agreed with Oladipo and Nwankwo (2022), which revealed that teachers in urban areas were more likely to undertake regular health checks, with 78 percent of urban residents reporting routine screening, compared to 45 percent in rural areas ($p < 0.001$). Teachers in suburban areas showed intermediate levels of health checks participation. The study revealed that proximity to health facilities, higher income levels, and greater health awareness contributed to higher screening rates among urban teachers. Also, the finding supported that of Nwosu and Uche (2022), which indicated that teachers living in urban areas engaged more frequently in health checks, with 72 percent participating regularly, compared to 38 percent in rural areas ($p < 0.001$). Urban teachers also reported better access to healthcare services, which positively influenced their health-seeking behaviours. Teachers in rural areas faced challenges such as distance, transportation issues, and limited health literacy, which contributed to lower participation.

Income and Health Checks Practices

The finding of the study revealed that income has a strong and significant influence on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. This finding could be attributed to the fact that income levels directly impact an individual's ability to access and afford health services, including regular health checks. Teachers with higher incomes are more likely to have the financial resources needed to undergo routine health screenings, pay for medical consultations, and purchase necessary health-related products or medications. Conversely, those with lower income may face financial barriers that discourage or prevent them from seeking preventive health measures, including health checks. This finding implies that income plays a crucial role in shaping health checks practices by influencing the affordability and accessibility of healthcare services. Teachers with higher income levels are generally more aware of the importance of preventive health and are more inclined to take proactive steps toward maintaining their health through regular screenings. Additionally, higher income can afford them better health insurance coverage, transportation to healthcare facilities, and the ability to prioritise health amidst other financial obligations. Furthermore, this finding could be explained by the broader socioeconomic disparities that exist within the community.

Teachers with higher income levels may also have better access to health information and health-promoting environments, which further encourages routine health checks. Conversely, those with limited financial resources might delay or skip health screenings due to cost concerns or competing needs, which negatively impacts their health outcomes.

The finding is in agreement with Adebayo and Oluwatoyin (2021), which revealed a significant positive correlation between income and the frequency of health checks. Teachers with higher income levels were more likely to participate in routine health screenings, including blood pressure and blood sugar testing. The finding also agreed with Chijioke and Anyanwu (2022), which revealed that low-income teachers often perceived health checks as costly and unnecessary, especially in the absence of overt symptoms.

Many relied on traditional medicine due to financial constraints and cultural beliefs. Also, the finding supported Ibrahim and Musa (2020), which showed that income was a significant predictor of health checks practices, with higher-income teachers more likely to undertake regular screening for hypertension, diabetes, and other chronic conditions.

Years of Working Experience and Health Checks Practices

The finding of the study revealed that years of working experience has a strong and significant influence on health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. This finding highlights the importance of experience in shaping health checks practices among secondary school teachers in the Akwa Ibom North-East Senatorial District. Over the years, teachers with more extensive working experience are likely to have gained greater awareness of their health needs, developed better habits regarding health maintenance, and adopted proactive behaviours such as regular health screenings. This is because experienced teachers often have encountered or witnessed health issues within their professional or personal lives, which reinforces the importance of preventive health measures. The significant influence of years of working experience suggests that as teachers spend more time in their careers, they become more familiar with available health services, understand the importance of early detection of health problems, and may have more confidence in seeking medical advice. It also implies that seasoned teachers may have accumulated more health-related knowledge through informal learning, peer influence, or participation in health promotion activities within their work environment.

Conversely, less experienced teachers might lack awareness or feel less confident about navigating healthcare systems, leading to lower engagement in health checks. Furthermore, this finding could reflect broader workplace factors, such as access to health information, workplace health programmes, or support systems that become more established or accessible with increased tenure. It might also indicate that health behaviours are influenced by the cumulative impact of occupational stress, lifestyle, and health experiences over time, prompting more consistent health monitoring as teachers age and gain experience.

This finding is in line with Lee and Kim (2021), which showed a positive correlation between years of service and engagement in health practices; teachers with over 15 years of experience participated in wellness programmes at a rate of 75 percent, compared to 48 percent among teachers with less than five years. The finding also agreed with Patel and Green (2022), which showed that teachers with more than 12 years of experience reported significantly higher engagement in health screenings, approximately 80 percent, compared to 55 percent among teachers with less than three years. The study highlighted that seasoned teachers tend to have better health literacy, which promotes regular screening and early detection of health issues. The finding supports Garcia and Lopez (2023), which indicated that teachers with 20 or more years of experience were twice

as likely to participate in annual health screenings compared to those with less than five years of experience.

Conclusion

The study looked at how socio-cultural indices and health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. The findings showed that residential settlement, income and years of working experience have significant influence on the health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District. It can be concluded that socio-cultural indices such as residential settlement, income and years of working experience significantly influence the health checks practices among secondary school teachers in Akwa Ibom North-East Senatorial District.

Recommendations

Based on the findings of this study, the following recommendations were made:

- i. Government should develop affordable and accessible health screening services, particularly targeting teachers in lower-income brackets and residential settlements with limited healthcare access.
- ii. Work environments should foster supportive settings that consider teachers' years of working experience, promoting a culture of regular health screening and wellness among staff.
- iii. Community health educators should formulate programmes that incorporate strategies that address socio-cultural barriers influencing health check practices, especially among teachers residing in different settlements.

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