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Knowledge and Practice of Routine Medical Check-up among Self-Employed Commercial Drivers in Abia State, Nigeria

Promise Chukwuedozie Udeh[1], Samuel Okpanocha Okpan[2], Jane Chigozie Nwogwugwu[3], Ezinne Perpetua Bassy[4] and Franklin Chibuike Nwankwo[5]

[1]School of General Studies, Nigeria Maritime University, Okerenkoko, Delta State
[2]Department of Sociology and Anthropology, Evangel University, Akaeze, Ebonyi State, Nigeria
[3]Department of Sociology, University of Calabar, Nigeria
[4]Department of Social Studies, Abia State College of Education Technical, Arochukwu, Nigeria
[5]Department of Sociology and Anthropology, University of Uyo, Nigeria

Abstract
This study on the knowledge and practice of routine medical check-up among self-employed commercial drivers in Abia State, Nigeria, was necessitated by the spate of accidents and the incongruences between the health and job demands of commercial drivers. The health belief model was used as a framework for this study, and cross-sectional survey research design was employed. A sample of 533 respondents were conveniently selected from self-employed commercial drivers operating in Okigwe Motor Park Umuahia, Main Park Aba, and Abia State University Motor Park Uturu. Questionnaires were researcher-administered, and data were analysed in accordance with the chi-square statistical test. The study found that knowledge regarding routine medical check-up and awareness concerning the benefits derived from routine medical check-ups do not considerably relate among self-employed commercial drivers as chi-square test value have revealed ($\chi^2 = 4.381$ df = 2 p = 0.112). On the other hand, chi-square value indicates a statistically meaningful relationship between income level and access to routine medical check-ups ($\chi^2 = 87.46$ df = 1 $p < 0.000$). The study recommends that; transport workers unions should seek ways to establish health insurance programs that subsidize routine medical check-ups. Additionally, concerned transport unions should conduct regular sensitization events on the benefits of routine medical check-ups in accident prevention.

Keywords*:* Self-employed drivers, medical check-up, self-medication, income level, fatalism

Introduction

Self-employed Commercial Drivers (SECD) operate in the informal, none-wages labour sector. Informal labour sector includes all economic activities owned by non-statutory employees which are not covered or insufficiently protected by formal work arrangements. These self-employed workers do not receive social protection, gratuity, pension, and contributions from employers (Bonnet *et al.*, 2019). The job description of SECD is a sedentary one which involves constant use of all bodily parts, lengthy work hours and unpredictable habits that exposes them to occupational stress and morbidities. Occupational stress includes the physical, mental, or emotional factors that cause bodily or mental tension as a result of job demands (Sadiq & Rehman, 2018). Occupational stresses associated with commercial transport sector is a result of perceived incompatibility between job demands and output. This incongruence exposes the need to examine the state of knowledge of Routine Medical Check-up (RMC) among SECD. RMC is predicated on the argument that good health is dependent on knowledge of cost-benefit analysis of mental and physiological wellbeing of drivers to their job performance. For knowledge to be useful, it must be learned, rehearsed willingly and put into practice without coercion through RMC.

RMC is an effective measure for detecting and preventing illness and disease, as well as promoting good health and mitigating stress. The American Psychological Association (2018) notes that chronic stress causes the muscles in the body to be in a more or less constant state of guardedness and this may propel reactions of the body and stress related disorders such as tension-type migraine, headache and migraine headache associated with chronic muscle tension in the areas of the shoulders, neck and head, and musculoskeletal pain in the low back and upper extremities. Other medical symptoms of stress include: respiratory ailments, cardiovascular infringements, and challenges on the endocrine system, gastrointestinal disease, nervous infractions and reproductive problems. Unmanaged stress could create changes in metabolism, increase in heart and breathing rates and blood pressure, headache, heart attack and sudden death (American Psychological Association, 2018).

Furthermore, familial history, smoking, physical inactivity, and alcohol consumption are also health risk associated with drivers (Lecca *et al*, 2019). Each of these has an independent but synergistic impact when clustered, thus, they exacerbate stress levels. Other factors, including emotions, fatigue, sleep deprivation, and health status are equally linked to increased risk of at-work accidents (Udeh & Nwogwugwu, 2020). These morbidities underscore the importance of RMC to the wellbeing, safety and performance of SECD, this is the crux of the study.

Problem Statement

Deaths resulting from road accidents is estimated to be 52.4 per 100,000 people in Nigeria (International Centre for Investigative Reporting, 2023). Road Traffic Accident (RTA) is the third leading cause of death, trauma-related deaths and disability in Nigeria (Onyemaechi & Ofomba, 2016). Perhaps, this, among other reasons culminated in the establishment of the Federal Roads Safety Corps (FRSC), Driving School Standardized Programme (DSSP) in 2010. Among other mandates, DSSP gave rise to uniformity in drivers' education with a view to increasing the efficiency of driving knowledge at driving schools. However, it has been observed that the level of education covered by the DSSP does not include knowledge on the importance of RMC as a veritable means to increase medical wellbeing and guarantee safer road.

Although, reduced concentration and poor safety attitude accounts for major causes of RTA on Nigerian roads (Adekoya *et al.*, 2011; Udeh & Nwogwugwu, 2020). There are insufficient data on the health status of SCD whose actions accounts for the increasing RTA in Nigeria. Worst still, income level, educational status as well as fatalism; where mystical and supernatural forces are thought to be responsible for road accidents (Nyabwari & Kagema, 2014; Udeh & Nwogwugwu, 2020). Hence, these factors expose the need to understand whether SECD have knowledge on the implications of RMC on their physiological and mental wellbeing.

Again, these group of workers operate in the informal private sector which is not covered by the National Health Insurance Scheme (NHIS). Other constraining morbidities are little or no formal education (Kupoluyi, 2018) and self-medication (Ebeigbe & Ovenseri-Ogbomo, 2014). Morbidities such as back pain, malaria, headache, hypertension, joint pains, diabetes, fever, neck pain, ear ache, visual problems, cough and cold are prevalent medical challenges experienced by SECD (Chinedu et al, 2023). These may predispose drivers to presenteeism, accidents and loss of concentration, sickness and death. However, it is unclear whether there exists a gap between knowledge and practice of RMC among SECD, this necessitates the study.

Conceptual Review of Literature

This section discussed key concepts such as knowledge, practice, routine medical check-up and SECD as well as relevant theoretical frameworks.

Knowledge of Routine Medical Check-up

Knowledge is the result of a combination of experiences, values, contextual information and expert insights that provides a framework for evaluating and incorporating new experiences and information (Davenport & Prusak, 1998). From an organizational perspective, knowledge is a combination of experiences and foresight, a mix of intellect and intuition which enables individual to determine the most appropriate method of executing a given job. Similarly, Chaudry (2008) defines knowledge as the collective experience of an employee. Chaudry's (2008) concept of knowledge is most applicable for this study because, knowledge does not exist in a vacuum, it is an agglomeration of ideas,

intuitions and experiences which SECD have gathered to enable them imbibe a behavioural pattern with the aim of increasing efficiency. This definition places emphasis on behavioural patterns because knowledge is patterned when put into use. In the context of this study, the knowledge of RMC among SECD emanates from information obtained as a result of persistent learning or information obtained due to past experiences and ideas as well as commitment to cost-benefit associated with health.

Practice of Routine Medical Check-up

Practice is the deliberate repetition of a behaviour to gain mastery. Practice is the application of knowledge to improve employees' workplace performance and promote efficiency for the safety of the individual and work environment. It follows a sequential form, wherein, drivers utilize the knowledge and skills acquired from past experiences, intuition or in codified form. The practice of RMC is based on the belief that RMC is a preventive medical practice which conduce for the assessment of medical condition of a recipient. Al-Kahil et al (2020) posit that many diseases have progressions and complications that can make the treatment more difficult if not diagnosed early. Hence, SECD are predisposed to danger if they do not practice what was acquired through knowledge on RMC.

Self-Employed Commercial Drivers (SECD)

Self Employed Commercial Drivers (SECD) operate in the informal labour sector. These categories of workers rely on whims of daily income for survival. They are informal workers which are trained and certified to drive a vehicle; conveying persons, goods and materials from one location to another with the aim of making profit. SECD are exposed to high risk of crashes owing to long hours of driving, debilitating working conditions, illness and unhealthy demands from ergonomic physiological and psychological situations which includes sleepiness, fatigues, frustration, road rage, anxiety, drug abuse and alcoholism, allergies as well as pain killers that portends threat to their health (Moain *et al.*, 2014; Udeh & Nwogwugwu, 2020).

In Nigeria, the responsibility of ensuring safety on the roads and highways is vested in the Federal Road Safety Commission (FRSC). The scope of the FRSC covers the road, vehicle, and drivers. Among these three factors, human resource, that is, drivers are the principal resource and key determinant of the success or failure of safety. Hence, the safety of passengers' as well as goods on transit is reliant on the physical and mental wellbeing of drivers.

Routine Medical Check-up (RMC)

RMC is a deliberate effort geared towards monitoring the general wellbeing. RMC may include routine medical tests that are unrelated to particular symptoms, conditions and diseases. When diseases are not detected and diagnosed as and when due, the risk factors may have devastating effects on individuals, their families. RMC is a wellness strategy which is built on the

assumption that sickness and diseases do not happen by chance, they are result of prolonged bodily response to neglect and inability to identify and manage early signs and symptoms. Hence, good health is dependent on the knowledge of RMC as a requisite for better performance.

RMC is a health-care process, initiated to take medical history, examine and detect some diseases which may decline medical condition, thus, making it easier for patients to manage health in the form of preventive or curative services, it also involves laboratory tests conducted on asymptomatic individuals in sake of continuing self-health care (Ilesanmi et al., 2015). Routine medical check promotes detection of diseases in early stage and increases the chances of getting better treatment, decreases the progression of diseases and enable individuals to manage stress related morbidities. The frequency of RMC is influenced by age, general health and risk factors (Felson, 2022).

Theoretical Framework

This paper adopt the Health Belief Model (HBM) developed by Hochbaum, Rosenstock and Kirsch in the 1950's. HBM is built on six premises namely:

1. Perceived susceptibility
2. Perceived severity
3. Perceived benefits
4. Perceived barriers
5. Self-efficacy
6. Cues to action and preventive health behaviours

The major assumption of HBM is that an individuals' perceptions about particular a behaviour can predict the performance of respective behaviour. The theory explains that people will be motivated to act in a healthy way if they believe that they are prone to negative health outcomes. Secondly, the stronger their perceptions about the implications of their health, the greater they are motivated to act to avoid that negative health outcome. Thirdly, individuals must perceive that the target behaviour will provide strong positive benefits. Fourthly, people will be less motivated towards their wellbeing if they perceive that there are strong barriers preventing them from doing so. Fifthly, individuals are perceived as being capable of performing that particular behaviour and finally, HBM is a cue to action whereby individuals are encouraged to adopt preventive behaviour by some additional elements (Amare *et al.*, 2022).

RMC is a voluntary health behaviour. Like all human behaviours, it is influenced by knowledge and attitude of individuals. This model is most appropriate for this study because the willingness to undergo RMC is influenced by the perception of SECD about their health condition and this cues them to act. Cue to action are external events that prompt desire from merely wishing to make a health change into actualizing the change (Boskey,

2023). It is probable that SECD are less likely to perceive that morbidity factors such as job stress, concomitant bodily pain and other illnesses pose a threat to their health. They may not accept positive behaviour towards RMC if they agree that social, cultural and economic barriers such as self-medication, knowledge on the importance of RMC, superstition, religion and income level discourages them from doing so. Therefore, the probability of partaking in RMC will be greatly dependent on the knowledge and willingness to partake in it.

Research Hypotheses

1. Self-employed Commercial drivers in Abia state are not aware of the benefits of routine medical check-up.
2. The income level of self-employed commercial drivers in Abia state does not hinder the practice of routine medical check-up.

Materials and Methods

Self-employed commercial drivers were selected for this study because their job specification exposes them to sedentary lifestyles as a result of prolonged sitting, busy schedules, disrupted sleep patterns and limited access to healthy dietary options when they transit from one location to another. Due to the peripatetic demand of their job, they are predisposed to cardiovascular risks, musculoskeletal disorders and sensory impairments which are tragic for road safety (Udeh, P. C. & Nwogwugwu, J. C., 2020; Al-kahil *et al.*, 2020).

Commercial drivers are a highly mobile population, thus, there is paucity of records on their exact population. However, for the qualitative research, a head count of SECD present at the time of study was adopted. Thus, the convenience sampling technique was adopted in generating a population of 533, being the population of SECD available, and operating from Okigwe Motor Park Umuahia, Main Park Aba, and Abia State University Uturu Motor Park. The quantitative data was processed with the Statistical Package for Social Sciences (SPSS) Version 20.0. The substantive issues were analysed using descriptive statistics such as simple frequency distribution tables. While Chi-square (χ^2) was used to test the stated hypotheses.

The sample size for the qualitative study are four purposively selected interviewees who are executives of the drivers' welfare association located in each motor park. All respondents gave their consent and voluntarily participated in the study, while their identities remain confidential for ethical reasons. The In-Depth Interviewees (IDI) was drawn from members of the union. This enabled the four interviewees to give further insight on the subject matter, and their responses were transcribed, edited and analysed in line with the objectives of the study. Due to the level of educational attainment of respondents, a researcher-administered four-point Likert scale questionnaire was used to collect quantitative data on substantive themes of knowledge and practice of RMC among SECD.

The options are weighted as follows:

a. Strongly Agree (SA) 4
b. Agree (A) 3
c. Disagree (D) 2
d. Strongly Disagree (SD) 1

Findings of the Study

This section presents the findings of the study. The findings are drawn from the qualitative and quantitative data collected and analysed.

Table 1: Analysis of Data on knowledge and Benefits of RMC

S/N	Item caption	Response				Total weighted score	Total number of respondents	Mean score	Decision	Group mean
		SA	A	D	SD					
1.	SECD have knowledge of the benefits of RMC to their wellbeing	315	49	14	6	1441	384	3.75	Agreed	2.15
2.	Drivers' union sensitise drivers on the importance of RMC in accident prevention	2	31	28	323	480	384	1.25	Disagreed	
3.	SECD know the various types of RMC at each point in time	22	48	16	298	562	384	1.46	Disagreed	

Source: Field Survey 2024

Data from table 1 showed that SECD are knowledgeable of the benefits of RMC to their wellbeing. Further probe on whether drivers' union sensitize their members on the practice of RMC was negative. An interviewee explained that:

> We all know that going for check-up is good. But our transport union have not organized sensitization

> programmes to teach us the benefits of going for check-up. *(Male, 52; married; union executive)*

The study also showed that commercial bus drivers are not aware of the various types of RMC that are beneficial to them. An interviewee confirmed thus:

> We don't know that check-up have different types. We don't even know which type of check-up is best for which category of drivers. Personally, I inly engage in checking for my blood pressure, I don't know any other type of medical check-up available and I always tell God that whether check-up or not, I will always return to my house safely. *(Male, 38; married; union executive)*

Table 2: Analysis of the Practice of RMC

S/N	Item caption	Response				Total weighted score	Total number of respondents	Mean score	Decision	Group mean
		SA	A	D	SD					
4.	Income level hinders the practice of RMC among SECD	185	96	44	59	1175	384	3.06	Agreed	3.13
5.	Fatalism discourage SECD from practicing RMC	142	102	56	84	1070	384	2.79	Agreed	
6.	Self-medication discourages the practice of RMC among SECD	291	37	180	25	1360	384	3.54	Agreed	

Analysis of the quantitative data in Table 2 showed that income is a major determinant of access to RMC and this may not be unconnected to the reason that SECD operate in the informal, non-wages labour sector. An interviewee explained thus:

> You know, we are self-employed. Our members depend on what they get every day on the road to feed their families and believe me, things are hard. How do you expect someone who makes barely 3 trips in a day

> within Abia State to buy fuel, feed himself, and bribe policemen on road, pay his children school fees, and pay his house rent to keep something for medical check-up? We only rely on God to protect us from sickness. *(Male, 52; married; union executive)*

The study also found that religious belief system plays a crucial role in the practice of RMC. Upon further probe, an interviewee opined that:

> Of course, God is our helper. Since I became a driver, I have never gone for check-up except when I am sick. Even when I am sick, I buy drugs over the counter and I get well almost immediately. *(Male, 37; separated; union executive)*

To uncover whether self-medication discourages the practice of RMC, the interviewee further posited that:

> With this little income we earn, we can not afford to visit hospitals for medical check-up. I know it is important to check our physical and mental status regularly, but we have God, so we have everything, there is nothing greater than God. Our members rely on self-medication when they are sick. Once you take any medicine with faith, you will be fine. Even if the sickness refuse to go, you can take a rest and continue to take medication until you get well. *(Male, 37; separated; union executive)*

Hypothesis One

H_1. Self-employed Commercial drivers in Abia state are aware of the health benefits of routine medical check-up on their job.

H_0. Self-employed Commercial drivers in Abia state are not aware of the benefits of routine medical check-up on their job.

Table 3: Awareness level of the Health Benefit of RMC among SECD

	Benefits on the job of SECD			
Awareness of RMC	Beneficial	Not beneficial	No idea	Total
High	152(47.9%)	53 (53.5%)	69 (59%)	274(51.4)
Low	165(52.1%)	46 (46.5%)	48 (41.0%)	259(48.6%)
Total	317(100.0%)	99(100%)	117(100%)	533(100%)

χ^2 = 4.381; df = 2; p-value = 0.112, critical x^2 = 5.99147

Level of Significance: 0.05 was used in testing this hypothesis

The chi-square calculated value of x2 =4.381 shows that there is no statistically meaningful relationship between the awareness of the health benefit of RMC on the job of SECD because it is less than the tabulated or critical value of chi-square of 5.99147 at the df of 2 p value 0f 0.112, which was higher than the maximum standard importance value (0.112).

Hypothesis Two

H_1. The income level of self-employed commercial drivers in Abia state dos not hinder them from accessing RMC.

H_O. The income level of self-employed commercial drivers in Abia state hinders them from RMC.

Table 4: Income Level and Access to RMC

Access to RMC			
Income level	Regular access	No access	Total
Low income (savings below ₦70,000 monthly)	152(39.1%)	237(60.9%)	389(100%)
High income (savings above N70,000 monthly)	122(84.7%)	22(15.3%)	144(100%)
Total	274(51.4)	259(48.6%)	533(100%)

χ^2 = 87.46; df = 1; P < 0.0001, critical x^2 = 3.84146

Level of Significance: 0.05 was used in testing this hypothesis

The chi-square test strongly related respondents' income level to their access to RMC in a notably important way. The specific calculated chi-square test value was at a level of 87.46, which did exceed the tabulated value of 3.84146. Because the p value of 0.000 was less than the 0.05 maximum standard importance level, the df of it was 1. As a result, the hypothesis which states that the income level of self-employed commercial drivers in Abia state hinders them from access to RMC is hereby upheld.

Discussion

Data collated and presented in table 3 showed that; majority of SECD know about RMC and its benefits to their job as corroborated by the chi-square result in table 3 (x^2 = 4.381; df = 2; P<.0.112, critical x^2 = 5.99147). This discovery was also supported by findings in table 1 (group mean = 2.15). In similitude, table 1 showed that the low level of awareness on the role of RMC in accident prevention is attributed to the failure of drivers' union in sensitizing their members on the benefits of RMC (group mean = 1.25). The table also found that commercial drivers do not know the different types of RMC, this lack of awareness is a public safety concern since undetected medical conditions can impair wellbeing, and increase the risk of road traffic accidents. However, this study cannot ascertain whether disparities in level of knowledge and attitude on RMC cuts across other States in Nigeria or limited to Abia State. Hence, this limited scope exposes the need to expand the study beyond Abia State in order

to ascertain whether SECD in Nigeria understand the benefits of RMC to their job and wellbeing.

Relevant literature reviewed thus far have shown that informal sector workers in Nigeria, including SECD are neither covered by minimum wage laws nor availed with health insurance schemes. As a result, their survival depends on daily earnings. By factoring the daily expenditures associated with commercial transportation, the study adopted a seventy-thousand-naira (₦70,000) monthly (minimum) wage benchmark and found that low income constrains commercial drivers from accessing RMC. The constraint posed by low income is also supported by the chi square result in table 4 (x^2 = 87.46; df = 1; P<.000, critical x^2 = 3.84146), as well as findings in table 2 (group mean = 3.13). This result is consistent with the ideas of Ofonime (2021) and Getahun *et al* (2023) which found that, among other factors, care seeking behaviour among none wage-earners is mainly influenced by income.

Upon further probe, fatalism; that is, the belief which holds that all events, including but not limited to road traffic accidents are inevitably predetermined by divine will, was found to be a major reason why SECD do not engage in RMC (group mean = 2.79). The relationship between divine will and road traffic accident is well documented in Udeh and Nwogwugwu (2020) who revealed that drivers often accept road traffic accident as an act of God which is beyond human control. Ironically, respondents agreed that they resort to self-medication as an alternative to RMC. Beyond impeding performance, self-medication leads to severe systemic health issues and medical emergencies.

Contributions to Knowledge

This study offers unique contributions to scientific knowledge in several ways. Firstly, the study exposes a link between the health conditions of SECD and cases of road traffic accidents. Secondly, by highlighting the discrepancy between knowledge and unwillingness to adhere to RMC, the study revealed the failure on the part of transport unions to sensitize their members on the importance of RMC to workplace productivity and wellbeing. This finding compounds the often-neglected health hazards associated with sedentary jobs like driving. Finally, data from this study show that; aside from income, fatalism is an underlying reason for the prevailing negative health-seeking behaviour of SECD. These revelations should stimulate further interest on the role of RMC in drivers' wellbeing and accident prevention.

Conclusion

Commercial driving is a demanding task that requires physical and mental wellness of drivers. Inadequate knowledge of the types, and practice of routine medical check is inimical to their performance in particular, and the safety of other road users in general. As critical actors that are responsible for the movement of goods and people from one location to another, the importance of a healthy population of commercial drivers to the socioeconomic sustainability

of Abia State cannot be overemphasized. This study concludes that the rate of road accidents will continue unabated as commercial drivers struggle with health demands associated with their jobs.

Recommendations

Based on the findings of this paper, it is recommended that, transport workers union should draw up health support programmes designed to subsidize RMC. Implicitly, this study suggests that transport unions should partner with relevant medical insurance providers on the need to map out health insurance scheme for workers whose operation limits their chances of benefiting from the regular national health insurance scheme. If adopted, this suggestion will subsidize quality health care and promote positive health seeking behaviours among commercial drivers in Abia state.

References

Adekoya, B. J., Adekoya, A. O., Adepoju, F. G., & Owoeye, J. F. A. (2011). Driving under the influence among long distance commercial drivers in Ilorin, Nigeria. *International Journal of Biological and Medical Research*. 2(4), 870-873.

Akomolafe, J., & Akpan-Nsoh, I. (2022). Eight die, 17 injured in akwa-ibom, lagos-abeokuta expressway auto crashes. Retrieved from *https://guardian.ng/news/eight-die-17-injured-in-kwa-ibom-lagos-abeokuta-expressway-auto-crashes/*

Al-kahil, A. B., Khawaja, R. A., Kadri, A. Y., Abbarh, S. M., Alakhras, J. T., & Jaganathan, P. P. (2020). Knowledge and practices toward routine medical checkup among middle-aged and elderly people in Riyadh. *Journal of patient experience,* 7(6), 1310-1315.

Amare, Z., Ayenew, M., Tadesse, S., Jema, B, Molla, G., Natnael, K., & Ali, Y. (2022). The health belief model's ability to predict COVID-19 preventive behavior: a systematic review. *Sage open med*. 10:201503121221113668.

American Psychological Association (2018). Stress effects on the body. Retrieved from *https://www.apa.org/topics/stress/body*

Bonnet, F., Vanek, J., & Chen, M. (2019). Women and men in informal economy: a statistical brief. WIEGO and ILO. Women and men in the informal economy: a statistical picture.

Boskey, E. (2023). How the health belief model influences your behaviours. *https://www.verywellmind.com/health-belief-model-3132721*

Chinedu, O. K, Omuemu, V. O., Okoh-Oboh, G. A., Okogie, O. H., & Idoko, l. O. (2023). Morbidity pattern of commercial long distance bus drivers in Benin City, Edo State, Nigeria. *Journal of Medical Research and Health Sciences,* 6(6), 2611-2622.

Devenport, T. H., & Prusak, l. (1998). *Working knowledge: how organizations manage what they know*. Harvard Business School Press.

Ebeigbe, J. A., & Ovenseri-Ogbomo, G. O. (2014). Barriers to utilization of eye

care services in rural communities in Edo state Nigeria. *Research guide.* 1(2), 98-104.

Felson, S. (2022). Checkups and tests you shouldn't miss. Retrieved from *https://www.webmd.com/a-to-z-guides/ss/slideshow-checkups-needed.*

Getahum, G. K., Arega, M., Keleb, G., Shiferaw, A., & Bezabih D. (2023). Assessment of routine medical checkups for common noncommunicable diseases and associated factors among healthcare professionals in Addis Ababa, Ethiopia, in 2022 a cross sectional-survey. *Annals of Medicine and Surgery,* 85(5), 1633-1641.

Ilesanmi, O. S., Omotosho, B., Allele, F., & Amenkhienan, I. (2015). Periodic medical checkup: knowledge and practice in a community in south west Nigeria. *International Journal of Research in Public Health*, 5, p. 576-578.

International Centre for Investigative Reporting (ICIR) (2023). Road traffic crashes: dangerous states to drive in Nigeria. Retrieved from *https://www.icirnigeria.org/road-traffic-crashes-dangerous-statees-to-drive-in-nigeria/*

Kupoluyi, A. (2018). Truck drivers' impunity. Retrieved from *https://guardian.ng/opinion/truck-drivers impunity*

Lecca, L. I., Portoghese, I., Mucci, N., Galleta, M., Meloni, F., Pilia, I., Marcias, G., Fabbri, D., Fosttinelli, J., Lucchini, R. G., Coco, P., & Campagna, M. (2019). Association between work-related stress and QT prolongation in male workers. *International Journal of Environmental Resources and Public Health*, 16(23), 4781.

Moain, A., Dabrh, A., Firwana, B., Cowl, C., Steinkraus, l., Prokop, l., & Murad, M. (2014). Health assessment of commercial drivers: a meta-narrative systematic review. *British Medical Journal,* 4, p. 3434.

Ofonime, E. J. (2021). Health-seeking behaviour of commercial bus drivers in Uyo, Nigeria. *Port Harcourt Medical Journal*, 14(3),147-153.

Onyemaechi, N., & Ofomba, U. R. (2016). The public health threat of road traffic accidents in Nigeria: a call to action. *Annals of Medical and Health Sciences Research*, 6, p. 199-204.

Onyima, B. N., & Udeh, P. C. (2020). Impact of COVID-19 Lockdown: Expressions of Inequality and Survival Strategies among Informal Workers in Selected Southeast States. *Social Scientia Journal of the Social Sciences and Humanities,* 5(4), 55-68.

Sadiq, M., & Rehman, K. U. (2018). Impact of stress on student academic performance of secondary school level at district vehari. *International Journal of Learning and Development*, 8(1), 84-93.

Udeh, P. C., & Nwogwugwu, J. C. (2020). Safety Training and Road Accident: Opinion Survey of Petroleum Tanker Drivers in Awka South, Anambra State, Nigeria. *Direct Research Journal of Social Science and Educational Studies,* 7(5), 62-69.