LOCAL GOVERNMENT AND PRIMARY HEALTHCARE SERVICES IN AKWA IBOM STATE

[1]Ekerette Alfred Esu, [2]Enefiok E. Ibok,[3]Imo Imoh-ita and [4]Ekong E. Daniel
Department of Public Administration
Faculty of Management Sciences
Akwa Ibom State University
ekerettealfredesuotm@gmail.com

https://doi.org/10.60787/aasd.vol4no1.107

Abstract
This study examined the relationship between local government and primary healthcare services in Ikot Ekpene Local Government Area of Akwa Ibom State. A Descriptive design and survey method was adopted as the research design while the population of this study comprised of 400 staff of Ikot Ekpene Local Government Area, Akwa Ibom State. Tables and simple percentages were adopted in presenting the responses while descriptive statistics tools and Pearson Product Moment Correlation assisted in the analysis of data and test of hypothesis at 5% level of significance. The study findings revealed that Local government has a significant positive correlation (r=0.412{p=0.000<0.05}) with primary health care development in Akwa Ibom State. However, it was recommended among others that local government in Akwa Ibom State should collaborate with other sectors and State/Federal authorities to ensure a consistent supply of essential drugs and functional equipment, actively facilitate immunization programmes, and foster community involvement through advisory boards and participatory budgeting.

Keyword: Local Government, Primary Healthcare Services, Vaccination services and Akwa Ibom State.

Introduction
The responsibility of every Government be it at the national, state or local Government has been widely known to be the provision of certain essential services as the health care services at the local government level in Nigeria according to the provisions of the constitution of the federal republic of Nigeria as amended 1999, is the primary healthcare, as a result of this, Healthcare services of such nature involve medical, preventive, diagnostic, therapeutic, and supportive services provided by healthcare professionals and facilities to promote and maintain the health and well-being of individuals and communities (Ola & Tonwe, 2009). Ikot Ekpene, a bustling city located in Akwa Ibom State, Nigeria, is known for its vibrant culture, growing population, and diverse economic activities. The local government administration plays a crucial role in ensuring the smooth functioning of public services, including healthcare provision within the region. Effective governance and management at the local government level are essential for the equitable distribution of resources, implementation of policies, and overall development of the community (Lawal & Oldunjoye, (2010). In Ikot Ekpene, understanding the dynamics of local government administration in relation to healthcare services is key to addressing the healthcare needs of the residents and improving health outcomes in the region.

Healthcare services in Ikot Ekpene Local Government Area are vital for the well-being of its population, providing access to medical care, preventive services, and essential treatments. The availability and quality of healthcare facilities, healthcare professionals, and

infrastructure impact the overall health status of the community (Gilchrist, 1995). By examining the relationship between local government administration and healthcare services in Ikot Ekpene, we can identify areas for improvement, assess the effectiveness of existing policies, and propose strategies to enhance healthcare delivery as opined by Ibok and Akpan, (2013). This study aims to highlight the role of Local Government Administration and primary healthcare services in Ikot Ekpene Local Government Area, Akwa Ibom State.

Statement of the Problem

One of the major reasons for the commitment of the primary healthcare services in the hands of the Local Government in Nigeria is the purpose of closeness to the people at the local area as the provisions of these healthcare services encounters different major challenges including the inadequate healthcare delivery and poor health outcomes in Ikot Ekpene Local Government area which have raised concerns about the effectiveness of Local Government in ensuring access to quality healthcare services. This situation has significant implications for the well-being and productivity of the population, particularly vulnerable groups such as children, pregnant women, and the elderly. Again, there have been the challenges of insufficient vaccination materials and the distribution of different vaccination materials to other rural dwellers of the local government.

Finally, the lack of health professionals, teaching equipment/ lecture materials, learning infrastructure has posed serious challenges in the process of delivering the healthcare education to the people of Ikot Ekpene local Government Area of Akwa Ibom State.

Objectives of the Study

The main objective of this study is to examine the role of Local government and Primary Healthcare Services in Ikot Ekpene Local Government Area. The specific objectives were:

1. To ascertain the role of Local Government on vaccination services against infectious diseases in Ikot Ekpene Local Government Area.

2. To assess the role of Local Government on health education services in Ikot Ekpene Local Government Area.

Research Hypothesis

There is no significant relationship between Local Government and Primary Healthcare Services in Ikot Ekpene Local Government Area.

Review of Related Literature and Theoretical Framework

Conceptual Framework

The concept of Local Government Administration

Local government administration refers to the process of governing and managing local affairs within a defined geographic area, typically at the grassroots level. It encompasses the structures, processes, and activities involved in delivering public goods and services, promoting economic development, and ensuring the well-being of citizens at the local level. In Nigeria, local government administration is enshrined in the 1999 Constitution, which recognizes the importance of grassroots governance in promoting national development ((Udoh & Effiong, 2021). Local governments are expected to serve as a catalyst for rural development, poverty reduction, and social progress, with a focus on community-led initiatives and participatory governance (AkwaIbom state, 2005).

In Ikot Ekpene local government area, Akwa Ibom State, local government administration plays a vital role in addressing the unique challenges and opportunities facing the area. It must navigate the complexities of rural development, including limited resources, inadequate infrastructure, and high poverty levels, to create a better future for citizens.

Vaccination services

Vaccination services refer to the various ways and places where individuals can receive vaccines to protect themselves against infectious diseases. These services are crucial for maintaining public health and preventing outbreaks. Such services are provided firstly, by the Hospitals and Clinics which are primary locations for administering vaccines, especially for routine childhood immunizations, travel vaccines, and specific medical conditions. Secondly, provided by the General Practitioner (GP) Offices/Family Doctors which provide a wide range of vaccinations as part of routine healthcare as the Primary Health Care centers are the apparatus for providing these services at the community level. Thirdly, Pharmacies, in many countries, including some pharmacies in Nigeria, trained pharmacists can administer certain vaccines, such as influenza, COVID-19, and others. Fourthly, Schools and Universities, Many regions organize vaccination programs within educational institutions to ensure high coverage among children and young adults. Workplace Vaccination Programmes which some employers offer on-site vaccination services, particularly for the seasonal flu or other relevant vaccines.(Gilchrist, 1995).

Types of Vaccination Services Offered

i. Routine Childhood Immunizations: These follow a recommended schedule to protect infants and children against diseases like measles, mumps, rubella (MMR), polio, diphtheria, tetanus, pertussis (whooping cough), hepatitis B, Haemophilus influenzae type b (Hib), pneumococcal disease, rotavirus, and chickenpox. In Nigeria, the National Programme on Immunization (NPI) outlines this schedule.

ii. Adolescent Vaccinations: Vaccines recommended for adolescents include HPV, Tdap (tetanus, diphtheria, pertussis booster), and meningococcal vaccines.

iii. Adult Vaccinations: Adults may need vaccines for influenza, tetanus and diphtheria boosters, shingles, pneumococcal disease, hepatitis A and B, and others depending on their age, health conditions, occupation, and travel plans. The COVID-19 vaccine is also a significant part of adult vaccination services currently.

iv. Travel Vaccinations: Depending on the destination, travelers may need vaccines against yellow fever, typhoid fever, hepatitis A, meningitis, rabies, and other diseases.

v. Vaccinations for Specific Risk Groups: Individuals with certain medical conditions (e.g., diabetes, HIV), pregnant women, and healthcare workers may require additional or specific vaccines.

vi. Catch-up Vaccinations: For individuals who have missed doses of routine vaccines, catch-up schedules are available to ensure they are fully protected (Ekong, 1994).

Vaccination is the administration of a vaccine to stimulate the immune system and develop immunity against a specific infectious disease. Vaccines contain weakened or inactive forms of disease-causing microorganisms (like viruses or bacteria), or parts of them (antigens), or even genetic material that codes for these antigens (Francis, 2017).

A vaccine introduces an antigen to the body. An antigen is any substance that can trigger an immune response. In vaccines, this antigen is a harmless form of a pathogen (disease-causing agent). Vaccines mimic a natural infection without causing the actual disease or its complications. This allows the body to mount an immune response safely. The immune system recognizes the vaccine antigens as foreign and produces antibodies, which are specialized proteins that can fight off the specific pathogen.

Different Types of Vaccines have been identified to beLive-attenuated vaccines which use a weakened form of the live pathogen. Inactivated vaccines use a killed version of the pathogen. Subunit, recombinant, polysaccharide, and conjugate vaccines uses specific parts of the pathogen, like proteins, sugars, or the outer casing. Toxoid vaccines this type involves inactivated toxins produced by the pathogen. Viral vector vaccines involve a harmless virus to deliver genetic material of the target pathogen to the body's cells, MRNA vaccines which contain genetic code (mRNA) that instructs the body's cells to produce a harmless piece of the pathogen, triggering an immune response. The purpose of vaccination is to protect individuals from infectious diseases and to contribute to public health by reducing the spread of these diseases within communities (Adeyemo, 2010)

Health education

Health education is a field that involves educating individuals and communities about health and wellness. It aims to empower people with the knowledge and skills to make informed decisions and adopt healthy behaviors, ultimately improving their overall health and quality of life. It is a crucial component of public health and plays a vital role in disease prevention, health promotion, and improving health literacy.(Lazarus, 2008).

The World Health Organization (WHO) defines health education as a tool to improve a population's general health and wellness by promoting knowledge and healthy practices. It involves planned learning experiences that help individuals and communities acquire information, develop attitudes, and adopt behaviors conducive to good health. Health education is a social science that draws from various disciplines, including biological, environmental, psychological, physical, and medical sciences (Ubon, 2015).

The Goals and objectives of health education involve Promote health and wellness, Prevent diseases, Improve health literacy, Encourage healthy behaviors, Reduce health disparities, Empower individuals, Improve access to health services. (David, et al., 2015).

Importance of Health Education

i. Disease Prevention: Provides knowledge about risk factors and preventive measures for infectious and chronic diseases.

ii. Health Promotion: Encourages the adoption of healthy lifestyles, improving overall well-being.

iii. Improved Health Literacy: Enables individuals to understand health information and make informed decisions.

iv. Reduced Healthcare Costs: Prevention and early intervention through education can reduce the need for costly medical treatments.

v. Community Health: Contributes to a healthier community by raising awareness and promoting collective action.

vi. Mental Health: Increases awareness about mental health issues, reduces stigma, and provides coping strategies.

vii. Substance Abuse Prevention: Educates about the risks associated with tobacco, alcohol, and drug use.

viii. Reproductive Health: Provides information for making informed decisions about sexual and reproductive health.

ix. Emergency Preparedness: Equips individuals and communities with knowledge on how to respond to health emergencies.

Methods and Strategies in Health Education are very important in the service rendering Health educators use a variety of methods to effectively communicate health information and promote behavior change, (Effiong, 2019). These Individual Approaches includes Counseling, Health coaching, Interviews, Home visits while the Group Approaches involves Lectures and presentations, Workshops and seminars, Group discussions, Role-playing, Demonstrations, Support groups. The Mass Media Approaches involves Television and radio campaigns, Newspapers and magazines, Posters and flyers, Social media, Websites and online resources. The Community-Based Approaches involve Community health campaigns, Outreach programmes, Partnerships with community organizations, (Enang, Urujzian, and Udoka, (2013), Ekop, 2002).

Local Government and Healthcare Services

Local government and healthcare services are intricately connected, with the former playing a vital role in ensuring the effective delivery of the latter. The local government is responsible for policy-making, budgeting, and resource allocation for healthcare services within its jurisdiction. This involves planning, implementing, and monitoring healthcare programs, as well as managing healthcare infrastructure and personnel. Oviasuyi et al., (2010) reported that effective local government administration can lead to improved healthcare outcomes by increasing access to healthcare services, enhancing the quality of care, and promoting health initiatives that address the specific needs of the community. Conversely, poor governance and administration can hinder healthcare delivery, resulting in inadequate services and poor health outcomes. Therefore, a well-functioning local government administration is crucial for ensuring that healthcare services meet the needs of the population as documented by Udoh and Effiong, (2021).

Theoretical Framework

Institutional- Functionalism Theory propounded by Spencer and Durkheim in (1937)

The Institutional functionalisms theory sees the system as a structure existing with some function to carry out. The Structural functionalism is a sociological theory that attempts to explain why society, structure or institutions functions the way they do by concentrating on the relationship among the various social institutions that makes up society (e.g., government, law, education, religion. etc.).
This theory sees society as a complex system whose parts work together to promote solidarity and stability. It asserts that individual's lives are guide by social structures or institutions, which are relatively stable patterns of social behaviour.

Social structures give shape to our lives for example, in families, the community, and through religious organization. And certain rituals such as a handshake or complex religious ceremonies, give structure to our everyday lives. Each social structure has social functions or consequences for the operation of society as a whole. According to Enang, Nyarks, Utin, Udoka, and Udom, (2014), education for example has several important functions in a society, such as socialization, learning. this theory was adopted for this study concerning the fact that the local Government is seen as an institution through which it was created to provide and distribute certain primary healthcare services as the Local Government was legally created for the purpose of creating and performing certain functions as regards healthcare service considering vaccination services and health education services.

Methodology

The study adopted Descriptive design and survey method as the research design while the population of this study comprised of 400 staff of Ikot Ekpene Local Government Area, Akwa Ibom State and Pressure group in Ikot Ekpene. One hundred (100) Staff of Ikot Ekpene and fifteen (15) Pressure group in Ikot Ekpene LGA (15x20= 300). For the purpose of this research, the Random sampling technique was however used. Hence no sampling size and method was determined because the entire population was well sizable enough to handle. Data were collected from primary and secondary sources. Primary data were obtained through questionnaire and personal interviews with both management and staff. This method was adopted to enable detailed and independent information not covered by the questionnaire to be expressed by the respondents. Secondary data were obtained from published reports, books, internet, journals, newspapers and magazines. For analytical comparison of facts and proper compilation of facts and figures, survey of existing documents was deemed necessary. Data were collected through questionnaire carefully designed and administered to the respondents, as well as through personal interviews.

On the whole, the questionnaire constituted the major instrument for data collection. The questionnaire contains sections A and B. Section A contains personal information about the respondents. Section B is the main body of the questionnaire using a five (5) point scale instrument through which the opinions of the respondents were expressed. Their responses were measured by means of a five-category rating system: SA - Strongly Agree5; A-Agree 4; U–Undecided3; D–Disagree 2; SD- Strongly Disagree 1.Tables and simple percentage were used as technique of analyzing the research questions while the hypotheses were tested using the Pearson Product Moment Correlation (PPMC). The hypotheses were tested at 0.05 level of significance. The null hypotheses will be rejected if the probability value (p-value) is less than 0.05 ($p<0.05$).

Data Presentation, Analysis and Interpretation

Data Presentation

The study had 150 respondents which warranted the issuance of 150 copies of the questionnaire. The filled and returned copies of the questionnaire were 105.

Demographic Data

Table 1: Age of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 25 years	20	19.0	19.0	19.0
	26-34 years	35	33.3	33.3	52.4
	35-44 years	44	41.9	41.9	94.3
	45-50 years	6	5.7	5.7	100.0
	Total	*105*	*100.0*	*100.0*	

Source: Researcher's Computation (2025)

20 of the respondents indicating 19% of the total sample size were age below 20 years. Those aged between 26-34 years made up 33.3% of the respondents. The result of the analysis shows that those age between 35-44 years were 41.9% while 45-50 years were 5.9%. The statistics shows that the respondents that were age between 35-44 years were the highest participants.

Table 2: Educational Qualification of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ph.D	10	9.5	9.5	9.5
	Masters	28	26.7	26.7	36.2
	B.Sc	49	46.7	46.7	82.9
	OND	18	17.1	17.1	100.0
	Total	105	100.0	100.0	

Source: Researcher's Computation (2025).

Table 4.2 shows that 10 (9.5%) of the respondents were PhD holders and 28 (26.7%) of the respondents were master's degree holders. B.Sc holders made up 46.7% of the respondents while 17.1% of the respondents were OND holders. The highest groups of the respondents were B.Sc. holders.

Table 3: Gender of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	41	39.0	39.0	39.0
	Female	64	61.0	61.0	100.0
	Total	105	100.0	100.0	

Source: Researcher's Computation (2025).

The result of the analysis reveals that 61% of the respondents were female while 39% of the respondents were male.

Research Hypothesis

There is no significant relationship between Local Government and Primary Healthcare Services in Ikot Ekpene Local Government Area.

Tables 4: Responses on Local Government and Primary Healthcare Services in Ikot Ekpene Local Government Area.

S/N	VACCINATION AND HEALTH EDUCATION SERVICES IN IKOT EKPENE LOCAL GOVERNMENT AREA	S/A	A	D	S/D	TOTAL (%)
1.	You have benefited from free vaccination provided by Ikot Ekpene L.G.A	100 (97%)	-	5 (3%)	-	105 (100%)
2	Health care center in Ikot Ekpene provided you with medical services against infectious diseases	100 (97%)	-	5 (3%)	-	105 (100%)
3	The Health care center in Ikot Ekpene provided you with medical information and how to go about it	100 (97%)	-	5 (3%)	-	105 (100%)
4	The Health care center in Ikot Ekpene enlightened you with health knowledge	100 (97%)	-	5 (3%)	-	105 (100%)
5	The Health care center in Ikot Ekpene educated you on your current health situations and how to cope	100 (97%)	-	5 (3%)	-	105 (100%)

From the questionnaire retrieved, it was observed that Ikot Ekpene Local Government Area has provided free vaccination and free health educational services to the residents of Ikot Ekpene Local Government Area.

Test of Hypothesis

The Null hypothesis indicates that there is no significant relationship between local government administration and Vaccination services against infectious diseases/ Health Education services in Ikot Ekpene Local Government Area.

Pearson Product Moment Correlation (PPMC) and regression analysis was used in analysis of the above hypotheses with the examination of the responses to the questions on the relationship between local government administration and Vaccination services against infectious diseases/ Health education services Ikot Ekpene Local Government Area. The PPMC obtained for each of the responses to the questions in Table 4, is presented in Table 5

Table 5: Pearson Product Moment Correlation Coefficients for Hypothesis One

		Vaccination Services	Health Education Services-
Local Government administration	Pearson Correlation	1	.593**
	Sig. (2-tailed)		.000
	N	105	105
VAR 1	Pearson Correlation	.593**	1
	Sig. (2-tailed)	.000	.000
	N	105	250
VAR 2	Pearson Correlation	.414**	.659**
	Sig. (2-tailed)	.000	.000
	N	105	105
VAR 3	Pearson Correlation	.426**	.599**
	Sig. (2-tailed)	.000	.000
	N	105	105

Source: Researcher's Computation (2025)

Table 5, indicates that on the statements that there is no significant relationship between local government administration and Vaccination services against infectious diseases/ Health Education services in Ikot Ekpene Local Government Area. Pearson Moment Correlation (PPMC) coefficients generated include 0.893, 0.414, 0.426, 0.659, 0.599, and 0.932 were found to be statistically significant at 5% level of significance. This is an indication of the significant relationship between Local Government administration and Vaccination services against infectious diseases/ Health Education services in Ikot Ekpene Local Government Area.

However, on the nature and degree of relationship between Local Government administration (independent variable) and Primary Health Care Services (Dependent Variable), the regression and correlation results are presented in Table 6.

Table 6: Analysis Results for Hypothesis One

HCS= 4.446 + 0.091	FP
T-stat= (51.795)	(4.244)
Prob. = (0.000)	(0.026)
R= 0.141; R^2 = 0.020; F-stat= 5.035; Prob. (F-stat) = 0.076	

Source: Researcher's Computation (2025)

Table 6, shows that Primary Health Care Services will remain positive at an average of 4.446 units, if there are no changes in Local Government Administration. This implies that Health Primary Health Care Services remain constant, indicating the more the unit of Local Government, the more the level of Health Care Services which will lead to an increase of 0.091 units change. This positive relationship is statistically significant with a computed t-statistic value of 4.244 and a probability value of 0.076 (Sig = 0.026), since the probability value obtained is less than 0.05 at 5% level of significance.

The correlation (PPMC) coefficient R-value of 0.141 indicates the existence of a positive correlation between Local Government and Primary Health care services (PHCS). However, this can be said to be a low positive correlation. Also, the predictive power of Local Government to explain the changes in Primary Health care services (PHCS), is low given the obtained coefficient of determination (R^2) value of 0.020 obtained.

Finally, given that the computed F-statistic value obtained is 5.035 and the probability (sig) value is 0.026, the relationship between Local Government and Primary Health care services (PHCS), can be said to have goodness-of-fit. This implies that the relationship is statistically significant. This is an indication that the null hypothesis earlier stated will fail to hold, and is hereby rejected. This implies that a positive and significant relationship exists between Local Government administration and Primary Health care services (HCS).

Table 7: Pearson Product Moment Correlations Analysis

				Vaccination Services		Health education Services
Local Government	Pearson Correlation	1	.848**	.637**	.748**	.889**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	105	105	105	105	105
VAR 1	Pearson Correlation	.848**	1	.758**	1.000**	.772**
	Sig. (2-tailed)	.000		.000	.000	.000

	N	105	105	105	105	105
VAR 2	Pearson Correlation	.637**	.998**	1	.998**	.692**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	105	105	105	105	105
VAR 3	Pearson Correlation	.748**	1.000**	.998**	1	.774**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	105	105	105	105	105

Correlation is significant at the 0.01 level (2-tailed).

Source: Field Survey Data, (2025).

Table 8: Table Showing Table of Beneficiaries of Primary Health Care Services in Ikot Ekpene Local Government

Year	Beneficiaries of Vaccination	Beneficiaries of Health Education
2020	2,759	4,332
2021	3,457	4,678
2022	3,456	5,320
2023	3,422	4,900
2024	2,354	5,339
2025	954	1,455
Total	**16,402**	**26,024**

S/N	Areas of Health Care Education	Areas of Vaccination
1	Nutrition and diet	Yellow fever
2	Physical activity	Typhoid
3	Mental health	Hepatitis A and B
4	Sexual health	Influenza
5	Substance abusive	Pertussis
6	Diseases prevention	Pediatric Vaccinations
7	Environmental health	Adolescent Vaccinations
8	Safety and injury prevention	Adult Vaccinations
9	Personal hygiene	Senior Vaccinations
10	Health literacy	Rabies
11	Infection disease	Polio
12	Pre-natal	tuberculosis
13	HIV	Infection disease
14	Sexually transmitted diseases	Anti-natal

Sources: Ikot Ekpene local Government council

Discussion of the Findings

The study showed a significant relationship between Local Government Administration and Primary healthcare services. Based on the first objective of the study, which was to examine the role of Local Government Administration and vaccination services. From the analysis, the correlation coefficient (R) for the first hypothesis (H_{01}) was Rx_1 =0.889, suggesting a strong positive correlation between Local government administration and vaccination services in Ikot Ekpene. The result was statistically significant (Rx_1= 0.889; n= 105; p= 0.000). Based on this, it is safe to assume that role of the local government enhances primary healthcare services in Ikot Ekpene Local Government. Since the p-value is less than 0.05(p=0.000<0.05), the null hypothesis is rejected and the alternative hypothesis is accepted.

Based on the second objective of the study, which was to examine the relationship between Local government administration and Health Education Services in Ikot Ekpene local government. From the analysis, the correlation coefficient (R) for the second hypothesis (H_{02})

was Rx_2 =0.772, suggesting a positive correlation between Local government administration and Health Education Services in Ikot Ekpene. The result was statistically significant (Rx_2= 0.772; n= 105; p= 0.000). Based on this, it is safe to assume that Local government administration enhances Health Education Services. Since the p-value is less than 0.05(p=0.000<0.05), the null hypothesis is rejected and the alternative hypothesis is accepted.

Conclusion

This paper focused on local government Administration and Primary health services in Ikot Ekpene. In the course of this work, the paper explores available literature which relates to Local Government and Primary healthcare services. The study examined attempts made by Local government in the management of available resources to provide services and programmes in vaccination services and health education services. However, findings from the study revealed that one of the problematic areas in most local Government have been how to secure adequate funds for developmental purposes in order to be positive viable rural agent transformation mechanism in the provision of social amenities. Funds allocated to local Government have been grossly inadequate and this problem is compounded by the various deductions by the state Government for one programme or the other.

Recommendations

From the findings, the following recommendations were made:

i. That Ikot Ekpene local Government Chairman should be make policies and make availability of equipments and tools for proper vaccinations and at the same time make health workers available to help in the vaccination exercise.

ii. That the Chairman and members of council of Ikot Ekpene local government area should consider development of manpower e.g. community health extension workers (CHEW) through continuous training and education of employees for proper health education and expand its provision of social amenities such as accessible water supply which will help to improve the socioeconomic life of rural people.

References

Adeyemo, D.O. (2010). Optimizing Local Government finance through public-private partnership in grassroots development". Paper presented at National workshop on the Local Government structure and potentials for socio-economic development, Ibadan.

Akwa Ibom State (2005). Ministry of rural development service charter, December.

Arowolo, O. (2006). Local government administration and challenges of rural development in Nigeria(http://www.artcilebase.com).

Boris, O. H. (2022). Challenges confronting Local Government administration in efficient and effective social service delivery: The Nigerian experience. *International Journal of Public Administration and Management Research*, 2(5), 12-22.

David, O. A., Kehinde, O. O., &Toyin, Y. I., (2015). Challenges of local government administration in Nigeria: Lessons from corporative analysis. *International journal of development and economic sustainability* 3(4), 61-79.

Effiong, U. U. (2019). Gender and Health Inequalities amongst Rural Women with Disabilities

in Ikot Ekpene Local Government Area of Akwa Ibom State. *Akwapoly Journal of Communication and Scientific Research*, 4(1), 88-103.

Ekong, E. E. (1994). Community development in Nigeria. In Chitere O. P. (eds). Community Development its concepts and practice with Emphasis on Africa. Kenya: S. Were Press, p. 221.

Ekop, O. B. (2002). Policy for the Development of Remote Rural Areas of AkwaIbom State: A Study of IbionoIbom Local Government Area in Nigerian Journal of Rural Sociology, 4 (1) 60-78.

Enang, Urujzian, and Udoka, (2013), Selected Aspects of the Syntax of Educated Nigerian English.
In Academic Discourse: An International Journal Vol. 6. (1).

Enang, E. T., Nyarks, A. L., Utin, I. D., Udoka, S.T., and Udom, M. E. (2014). The Ideophones in Annang Language from the Syntactic Point of View. African Education Indices, 7(1), 1-16).

Ewah, O. I., &Chukwuemeka, E.O, (2023). Assessment of Local Government and community cooperation in rural development: A Study of Ikwo Local Government Area of Ebonyi State. *International Journal of Research and Innovation in Social Science (IJRISS)7(4), 1358-1366.*

Francis, M. M., (2017). Factors influencing Implementation of Community and Local Government Base Project: A case of food security project in Mwala Machakos County, Kenya. *International Journal of Research and Innovation in Social Science 7 (4), 1358-1366.*

Gilchrist, A. (1995). Community development and networking. London: Community Development Foundation.

Ibok, E. E. and Akpan, E. D. (2013). Implementation of Primary Health Care Service in Akwalbom State, Nigeria: *An Appraisal in Scientific Research Journal (SIRJ),* 1 (61), 233-265.

Immaculata, M. E., (2013). An appraisal of community development efforts in IkotEkpene and Ikono Local Government Areas of AkwaIbom State, Nigeria.*Journal of Agriculture and Sustainability 4 (2).*

Imo-Ita, I. (2023). Understanding Quantitative Approach in Managenent Science Research: Issues and Policy Options. *International Journal of Comparative Studies in International Relations and Development, 9(1),pp:1-22.*

Kenny, S. (1994). Community Development in Australia. *AIJ, 25 Australia.*

Lawal, T. and Oladunjoye, A. (2010). Local Government, Corruption and Democracy in Nigeria", Journal of Sustainable Development, 12 (5), 77-89.

Lazarus, R. (2008). Development strategy of rural areas through the rural infrastructure

development programme. *University of CenderawasihJayapura Papua, Indonesia* geelvancaharamandey@gmail.com

Ola, R.O.F. and Tonwe, D.A. (2009). Local administration and local government in Nigeria, Lagos: *Amfitop Books.*

Oviasuyi, R.O., ldada, W., and Isiraojie, L. (2010). Constraints of Local Government Administration in Nigeria (www.krepublisher.com), 55(7), 265-266.

Ubon, U. (2015). Infrastructure consideration in satellite town developmentin Nigeria: A Case of Ikotidem/Ikot Abia Satelite Town,Ikot Ekpene, Akwa Ibom State. *International Journal of Economic Development Research and Investment, 6(1), 2141-2731.*

Udoh, U. I. & Effiong, J. (2021). Access to portable water supply in IkotEkpene Local government area, Akwa Ibom state, Nigeria. *NAHS 11th annual conference Books of proceedings.* 70-76.

United Nations, (1963). Community Development and National Development, a report by an Ad hoc Group of Experts appointed by the Secretary General of the United Nations, New York.