

SOCIOLOGICAL DYNAMICS AND HEALTH RECUPERATION AMONG RESIDENTS IN UYO LOCAL GOVERNMENT AREA, AKWA IBOM STATE, NIGERIA

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Abstract

Social, cultural, economic and environmental factors have a profound impact on the process of recuperation in health or recovery as illness or disease. This research paper examines the sociology of health recovery among the community members in Uyo Local Government Area (in Akwa Ibom State) both the urban and rural populations. Based on qualitative and quantitative information, which is collected through interviews and questionnaires as well as during field observation, the study reviews the influence of various factors affecting the chances of recovery, including access to healthcare services, system of social support, education level, household income, and the traditional beliefs and lifestyles of people living in the two settings on recovery outcomes. These observations demonstrate that there is a sharp difference in the speed and success of healing between people living in rural and urban areas, with urban people reporting higher quality medical care and individual recovery rates, whereas rural citizens frequently turn to the traditional forms of healing and community their support because of the lack of the medical facilities. The research highlights the necessity of better access to healthcare in towns and cultural specific health policies that consider the special social environment having an impact on the recovery of health. The paper would help in the enhanced comprehension of the role of a sociological variable in molding health outcomes, with suggestions on the ways of narrowing the disparity that exists between health outcomes among the rural and urban populations.

Keywords: health, rural, urban, recuperation, healthcare, social factors/determinants

Introduction

It is not only the biological process which takes place during health recuperation but also the social phenomenon that is determined by a very broad spectrum of social and economic effects in the context of socio-cultural attributions. The LGAs in Akwa Ibom state, like Uyo LGA, are not an exception to such trends as health inequalities in health recovery between rural and urban communities are clearly observable and regarding. These inequalities can be affected by varying utilization of medical services, medical infrastructural quality, cultural belief in sickness and recovery, support mechanisms, and health understanding bases.

The cities in Uyo are also likely to have relatively better healthcare amenities, skilled professionals, and have the experience of modern medicine. Conversely, the rural population is usually characterized by inaccessibility to clinics or hospitals, the use of traditional healers, and an inability to pay to receive formal care. Such gaps not only impact on how illnesses are treated initially but also have a major impact on how fast or well an individual recovers, (Daniel and Ekoriko, 2024). The sociological perspective gives important clues to the ways individuals treat sickness and healing with all the ambience in place. It enables us to see health

as socially created, or made through interactions, ideologies and inequalities. This research, accordingly, aims at looking at sociological issues underlying health recuperation among rural and urban dwellers in Uyo LGA. This study attempts to show how the presence of social networks, cultural practices, education, income, and access to healthcare interact with the social environment to produce various measures of health outcomes. The insights of such dynamics are highly essential to the development of successful health interventions and policies aimed not only at medical, but also at social aspects of health recovery. Through this study, the author will be making a contribution to the general discourse on health equity and social determinants of health on a nationwide scale in Nigeria. Problem Statement, although there have been several population health interventions and advancements of infrastructure in the Akwa Ibom State, the similarities in the health outcomes between rural and urban residents are considerably different. The process of health recuperation is one place where these differences are evident in case of Uyo Local Government. City people are usually at an advantage over rural people in regards to modern health facilities, early access to treatment, and follow-ups whereas, the rural people have distance issues as access to the closest health facilities,

The major aim of the study is to analyze the sociological variables that affect health recovery amongst the people who live in rural

transport, staffing issues, and financial challenges. Besides, customary health beliefs and practices continue to dominate in the rural setting and in many instances inform people on when and where they can access care. Although the practices are culturally based, they could slow down the recovery process, particularly where modern medical intervention determines the situation.

On the other hand, hearing the health education and awareness programs, the urban residents can be more active in their search of medical help and following the course of treatment, which contributes to a speedier recovery. The disparity between the ability to recuperate health in these groups is not only about physical health, but a social manifestation of inequalities. Regrettably, there is minimal research that has been done to establish the sociological foundations of this problem in Uyo LGA. The recognition of these imbalances sociologically is critical in ensuring development and implementation of inclusive health strategies that account to the unique health needs of rural and urban communities. Thus, the proposed study aims to explore the way social, cultural, and economic factors affect the process of health recovery in the rural and urban populations in Uyo LGA in a bid to establish areas of important interventions, including policy change. Study objectives.

and urban areas of Uyo local government area. In particular, the study will:

- i. Explain what social and cultural influences there are on health recovery processes in rural and urban areas.
- ii. Explore the health disparity in need of healthcare services between rural and urban areas in Uyo LGA.
- iii. Do an analysis of how traditional beliefs and practices contribute to the determination of health seeking behavior and the process of recovery.
- iv. Evaluate the effect of socio-economic profile, education and occupation towards the rate and quality of recovery after illness.

- v. Inquire into how the family, community, and religious institutions, as forms of social support system, affect health recuperation.

- vi. Find solutions to mitigate health disparities and enhance post-rehabilitation in the countryside.

Research Questions As a guide to the study, the following research questions shall be answered:

- i. Which are the significant socio-cultural influences on the recuperation of health in Uyo LGA?
- ii. What is the difference between access to health care by the rural residents and the urban residents?

- iii. How are traditional beliefs and healing activities relevant to the healing process?
- iv. What are the roles of socioeconomic factors such as income, level of education, in terms of recuperation?
- v. How does social support contribute to health recovery processes of rural and urban people?

Literature Review

The sociological viewpoint on health recuperation is more than the branch of medicine. It is a process that is socially constructed by various factors, including culture beliefs, economic factor, social groups, as well as access to medical care. Many reports have attributed importance of such factors in the outcome of health including in the developing nations such as Nigeria, where urban-rural differences are acute. Impacts on health recovery by social-cultural factors Culture is also very important in contribution to the perceptions of people about illness as well as choice of path they take toward recovery. According to Helman (2007), health and sickness are not only biological but rather perceived through a cultural angle that determines the behavior of seeking health care. In most of the rural societies of Nigeria, spiritual healing and traditional medicine form the initial access point to health issues (Oluwabamide & Umoh, 2011). These are also very practiced, cultural, and accessible agencies that might postpone the utilization

of formal medical services, respectively, influenced on comparative rate and efficiency of recovery. The aspect of Urban-Rural mismatches in access to healthcare. Health access disparity between the rural and the urban areas is still the focus of concern in the Nigerian health research.

As Aregbeshola and Khan (2018) note, urban dwellers can have better access to high-standard health facilities and qualified staff, whereas the rural communities are characterized by little workforce and the availability of inefficient infrastructure with long traveling distances to nearest clinics or hospitals. Such infrastructural disparities usually result in treatment delays and increased recovery time on the parts of rural inhabitants. In Uyo LGA, the tertiary healthcare facilities such as University of Uyo Teaching hospital serve the urban centers, such as the city of Uyo; however, the surrounding rural populations usually depend on poorly maintained and under-organized primary health facilities (Akwa

Ibom State Ministry of Health, 2020). This physical access disparity of healthcare services establishes a big gap between health recovery experiences. Economic and Educational factors Health is also determined by economic status and education.

Learning further helps through influencing health literacy- more educated individuals will be able to diagnose illnesses early and search treatment on time as well as comply with medical advice (WHO, 2010). A report by Onah et al. (2009) in southern Nigeria reported that maternal education played a significant role with respect to child health outcomes, hence further emphasizing the notion that education was not an individual commodity but a family health determinant. It is a similar correlation between the rural and the urban documents as access to educational resources is better in the urban regions. Social Support Systems Role Health recovery has been linked to the social support, a factor provided by family, community, religious entities, or peers. Berkman and Glass (2000) state that robust social networks can enhance mental health, decrease stress and offer assistance in the realms of transportation to clinics or assistance in managing medications. Community-based support is usually more personal and robust in rural settings, but inadequate where adequate healthcare structure is absent in support.

Conversely, urban residents have lower levels of community cohesion but there are institutional mechanisms like insurance policies and health related non-governmental organizations. Traditional/modern medicine There is an adequate documentation of the coexistence of the traditional and modern medicine in Nigeria. Modern medicine is prevailing in urban regions, whereas the traditional healing is very much present in the rural activities in health care. According to Ayandele and Jegede (2020), given the opportunities available to many Nigerians, most use both systems interchangeably depending on the symptoms of the illness and

Households at higher levels of income can afford superior nutrition, medication, and faster access to healthcare centres; such aspects improve the healing process (Ogunbekun et al., 1999).

perceived effectiveness of therapy. This duality makes the recovery process difficult particularly when people fail to seek biomedical care as they first turn to remedies that have no scientific value, (Mboho, and Udoh, 2014). The Space in Literature Although earlier studies have discussed urban-rural health gaps and health-seeking behavior, there is a need to know how these together factors affect the real process of recuperation especially within the localized settings as is the case of Uyo LGA. Generalization of most studies is based on larger areas and lacks specific socio-cultural issues that could be unique to smaller administrative units. This paper aims at addressing that gap by availing the localized sociological illustration of health recuperation experiences in the rural and urban settings of Uyo.

Empirical Review

Empirical research on health recuperation conducted in Nigeria and other developing countries has always found social, cultural and economic setting to have significant impacts on health. With a lot of emphasis put in the healthcare utilization and access studies, an increment of the study about the recovery process has also emerged into the equation as an important though uncared element of the continuum of care. In efforts to create the same comparison, a mixed-method study was conducted in Enugu State by Uzochukwu et al. (2014) to examine access to healthcare and recovery between urban and rural residents. In the study, the researchers discovered that urban patients recovered faster, mainly because they received medical services more readily, were more comfortably, and more in line with medication requirements. The rural residents, on the other hand, would tend to wait longer

when it came to treatment and would tend to abdicate treatment early because of costs or

The paper has arrived at the conclusion that recovery is not merely a medical phenomenon but the indicator of socioeconomic facts. On the same note, Olanrewaju et al. (2020) completed an empirical examination on healthcare disparity in southern Nigeria in which data obtained on numerous households surpassed 600. Their results showed that dwellers of the city experienced improved recuperative results because of improved degree of wellbeing literacy and availability of the post treatment services (physiotherapy and follow-ups). Conversely, people in the rural settings, according to Effiong, Udoyen and Udoh, (2021), experienced prolonged healing process because of poor sanitation and transportation and inadequate health facilities. Etuk et al. (2019) conducted a focused study on patients who are recovering in the Akwa Ibom State; that is, they surveyed patients who were recovering in urban Uyo and the nearby rural environment of the state. In their results, they found out that social support, such as support by family members and organised groups in the community, was

Moreover, Adebayo and Adekeye (2018) studied the three R model in Lagos and Ibadan, and how income affects recovery during the follow-up of chronic illnesses. Their results revealed that high-income patients could pay off to eat specific diet and to have care at home in addition to periodical checkups, which substantially decreased recovery even beyond the effective speed of the process. The low-income participants would, however, be forced to resume physically challenging jobs without complete healing owing to the need of money and would consequently experience relapses and

Theoretical Framework

The study has a foundation on sociological theories that aid in the explanation of impacts

cultural beliefs.

significant in accelerating recovery in both environments. But unlike their urban fellow patients, who had organised help, via Non-Governmental Organisations and health programmes, rural patients largely depended on informal systems and religious groups. Gender has also been identified as an important factor in the study, because women, and in particular rural women tended to take a longer period to recover because of care giving demands and lack of control in their decision on health matters. Eze & Chukwu (2017) conducted one more empirical study, the aim of which was to analyze how traditional medicine affects the recovery patterns in southeastern Nigeria. The research identified that more than 60 percent of the respondents in the rural setting used to utilize normal cures prior to getting into the conventional health systems. Although there were some reports of improvement, there was delay in referrals to hospitals and this played itself in building up complications and delayed recovery. The study proposed involving the traditional healers in the wider health system by training and referrals.

longer illness spells. Based on the results of these empirical studies, there is a consistent pattern of showing that health recuperation is closely linked to social determinants of income, education, sources of support, and well as health beliefs despite regional differences. Notably, most authors point out that recovery needs to be considered a social process rather than exclusively biological. The given perspective is especially applicable in Uyo LGA where urbanites and rural citizens have diverse realities when it comes to healthcare access, culture, and socioeconomic status.

of social structures, cultural practices and economic conditions that contribute to health

and recovery. This research is guided by two key theoretical perspectives incorporated in this research, i.e., Social Determinants of Health Framework and Symbolic Interactionism. The frameworks offer an explanation of imbalanced health recovery between the rural and urban communities in the Uyo Local Government Area. i. SDOH Framework This is the position of Social

Marmot and Wilkinson (2006) reveal that differences in these spheres cause health and recovery inequalities so that people who live in disadvantaged conditions have poorer health conditions and longer recovery. Within the context of Uyo, residents of the urban area are more likely to enjoy improved access to better education, incomes, and health services facilities amongst others. All these combine to enable a quicker and full recuperation of the sick. Rural residents on the other hand have structural obstacles like bad roads, less health infrastructure and poverty; and this slows down the recovery and poses a risk of having complications. This paradigm assists in the understanding of the fact that health recuperation is not solely an individual problem, but the phenomenon of general social inequality. ii. Symbolic Interactionism: A micro-sociological approach which is largely considered to be Symbolic Interactionism, an approach pioneered by the works of such theorists as George Herbert Mead and Herbert Blumer, focuses on meanings that the individuals

With the combination of the frameworks, this research integrates the Social Determinants of Health and the Symbolic Interactionism, therefore, taking a macro and micro view on health recuperation. Although SDH provides insight into social inequalities as a

Research Methodology

The research strategy was well designed so that results may be very reflective of the sociological aspects that affect health recovery among the rural and Urban residents within Uyo Local Government Area (LGA). The cross-sectional survey model of

Determinants of Health (SDH) framework, which is developed by the World Health Organization (2008), according to which, health outcomes largely depend on the situation in which people turn to be born, grow, live, work, and age. They are factors like money, education, job, home and access of health care.

assign to experiences, symbols, and interactions. This theory is just one of the many ways that aid in the interpretation of illness and healing within medical systems by the people using their own personal experience and culture (Blumer, 1969). In the villages of Uyo as an example, the concept of illness is mostly defined by spiritual or cultural interpretations and usually the first line of action in rural areas of Uyo is usually towards traditional healers or religious means. The way they associate meanings on medicines, physicians or conditions may influence the level of compliance to medication and the speed of recuperation even when using contemporary health care facilities. Urban residents on the contrary might have stronger inclination to think of health within the framework of biomedical approaches, and use formal health more regularly. The differences in behaviors could be scholarly understood with the help of Symbolic Interactionism, as they are commonly rooted in the social interactions and cultural discourse.

determinant of health access and health outcomes, Symbolic Interactionism provides the opportunity to get a fine-grained picture of how people give meaning to the processes of being ill and recovering in their social contexts.

comparative design was chosen to allow the gathering of data at the same time among the members of both the rural and the urban community in the LGA, which would provide an opportunity to compare their experiences in the stay at home recuperation circles. It was a mixture of quantitative (Structured

questionnaires) and qualitative (Interviews and focus group discussions) in ascertaining the various insights. In this research, it was conducted in Uyo Local Government Area in the State of Akwa Ibom Southeast Nigeria. Uyo is made up of very urban neighbourhoods such as Ewet and Housing, and Ikot Ekpene Road, and the rural settlements, including Nung Udoe and Ikot Ntuen.

This two-sidedness renders it an appropriate place of comparative analysis of sociology. The people included adults (18 years and

above) both in the rural and urban setting of Uyo LGA who had at least one illness within the past year. Expert opinion was also sought on healthcare workers in the selected facilities. Two hundred respondents were chosen using both urban and rural respondents (100 each), through a multistage sampling design: Stage 1-random selection of 2 urban and 2 rural wards; Stage 2-systematic selection of households within each ward and Stage 3-through purposive selection of one respondent who had experienced illness within the past 12 months of the household respondent constituting a unit of analysis.

Area type	Ward name	No. of respondents
Urban	Ewet Offot	50
Rural	Nung Udoe	50
Urban	Ikot Ekpene road	50
Rural	Ikot Ntuen	50

Source: Researcher's Compilation, 2025

Data was collected using two primary tools (Structured Questionnaire and Interview Guide), where in the first tool (Structured Questionnaire) all the questions were closed including open-ended questions; it was aimed to cover socio- demographics, access to healthcare and usage of traditional and modern medicine, recovery period and life satisfaction in the light of social support, whereas the second tool (Interview Guide)

was used to conduct deep interviews with health care professionals, community leaders to grasp the bigger picture of social- cultural factors influencing recovery. It was ensured that the questionnaire is pre-tested by use of a sample population of 20 respondents that did not participate in the actual study. This was done to ascertain clarity and reliability in asking questions.

Method of Data Analysis quantitative analysis was done on the data using the program SPSS (Statistical Package for the Social Sciences). Meanwhile, variables were summarized using descriptive statistics (mean, frequencies, percentages), whereas inferential statistics (chi-square test) were conducted to determine the effectiveness of differences between the rural and urban respondents.

Thematic content analysis was employed to analyse qualitative data that was collected by interview. On the data presentation and analysis, this section gives and analyses the number of the data gathered in the field work, comparing other respondents who were in rural and Urban settings in terms of health recuperation.

The analysis brings out essential sociological influences like availability of healthcare, traditional medicine practice, and social support which determine the way individuals recuperate diseases in Uyo Local Government Area. Socio-Demographic profile of respondents The sample this research

covered was 200 respondents which contained 100 respondents in the urban and the rural communities. Most of them (60 percent) were females, whereas 40 percent were males. Majority of the urban respondents were educated to secondary school level, whereas rural respondents were

most commonly found to be at primary and no education level.

Variables	Urban (%)	Rural (%)
Female	55	65
Male	45	35
Tertiary education	48	12
Primary/no formal	15	60
Age 18-35	60	50
Age 36-60	40	50

Source: Researchers' Compilation, 2025

Time Taken to Recover from Illness

The duration of recovery varied significantly. While 70% of urban respondents reported recovery within 1–2 weeks, only 40% of rural

respondents reported the same. Rural participants often cited delays in accessing care and use of herbal remedies as reasons for slower recovery.

Recovery time	Urban (%)	Rural (%)
1-2 weeks	70	40
3-4 weeks	20	35
Over 1 months	10	25

Source: Researchers' Compilation, 2025

Traditional vs. modern Healthcare Use

The percentage of the respondents in rural areas (55%) utilizing traditional medicine either alone or in concurrence with modern medicine stand out as compared to those in urban areas (20 percent). Urban: Only the modern healthcare - 80 % Conventional + contemporary- 15 percent Traditional only 5

percent Rural: Modern healthcare alone - 40% Classical + contemporary- 35 per cent Traditional only 20% Recovery Social Support Perception The city folk had better chances to get institutional support (e.g. NGOs, religious groups), whereas rural people greatly depended on the family and community.

Sources	Urban (%)	Rural (%)
Family	50	70
Friends	20	15
Religious groups	15	10
NGOs/ community behavior	15	5

Source: Researchers' Compilation, 2025

Obstacles that Impact Recuperation

The most important issues reported by respondents involve: Urban Respondents: Expensive drugs (45 percent), stress/ work

commitments (30 percent), ineffective follow up care (25 percent) Rural Respondents: Distance to hospitals (60%), poor health education (50%), absence of poverty (45%)

Challenges	Urban (%)	Rural (%)
Cost of healthcare	45	40
Distance to facilities	15	60
Use of traditional cures	5	35
Lack of health literacy	20	50
No follow up	25	30

Source: Researchers' Compilation, 2025

Overview of Major Results

Urban respondents had a swift recovery process from illness giving them more access to modern medicine and access to better health facilities and the rural inhabitants had

a longer recovery period being in possession of traditional practices, lack of infrastructure and low health literacy. In addition, the social support is also important in both settings but of a different nature.

Discussion and Results

The section explains the findings based on the objectives of the study related to available literature. The findings indicated that there were significant sociological variations in the

recovery of health in rural and urban communities in Uyo LGA using the aspects of access to healthcare, health seeking behaviour, culture perceptions of sickness, and support structure.

Health Recuperation Span: Urban & Rural Difference

In the analysis, urban respondents were found to recover faster and majority (70 per cent) took one to two weeks either to convalesce, contrary to 40 per cent of the rural respondents who experienced the same time duration. Topics braiding many rural respondents have recouped in excess of a month. This corroborates with Ekong, Udoh, Willie, and Ekpo, (2025), and that of Marmot and Wilkinson (2006) which imply that structural inequality, in terms of access to services and income level affect the outcome of recovery. City dwellers are also

characterized by the accessibility of medical institutions, pharmacies and qualified personnel. In the words of Enang, Eshiet, Udoka, (2013), their closeness to hospitals and their affordability to get their treatment results in faster recovery. Rural residents on the contrary tend to wait long before seeking care because of distance or cost of treatment or because they prefer the traditional medicine to be used in treating their conditions, and this means retarding the process of healing. This confirms the Social Determinants of Health paradigm that emphasises the importance of place in predicting the effect on health.

Health-Seeking Behaviour and Culture Influence

The research revealed that 55 percent of the respondents who responded in the rural areas practiced traditional medicine as opposed to 20 percent of the urban respondents. This signifies that there is a high cultural influence in the health seeking behavior, mainly in the rural regions. This observation agrees with what Airhihenbuwa (1995) refers to as the idea of cultural appropriateness of healthcare that theorizes that individuals tend to resort to healing systems that rhyme with their cultures and their spiritual beliefs. Most of the rural

residents at Uyo view sickness in spiritual terms where they view illness as a result of ancestral or supernatural powers.

Therefore, the healing could lie on the physical and spiritual intervention. This is also confirmation that the Symbolic Interactionism as a theory being used is relevant. This is due to the fact that according to individuals what constitutes health and illness is based on social and cultural definitions. The choice of the folk medicine in rural domesticity may postpone clinical care, which is more likely to impact the time course and quality of recovery.

Social Support in Health Recovery

Results indicate that there is great use of the family-based support in both rural and urban communities, though urban residents said

they had greater access to institutional commitment, particularly NGOs, church, and workplace health programs. The family and the system of kinship is still central in the

rural population. Patients recover at home, and in many cases, people use relatives as the source of food, herbs, and informal care giving. Although such communal support can encourage the emotional healing process, it might not include the professional help required to ensure that the medical problem is solved. Citizens of urban centers, however, have access to a wide range of social support resources including religious and non-

Healthcare Facility and Service Access

The rural respondents indicated major problems of distance to health care facilities, transport unavailability and out-of-pocket costs. The urban respondents who were relatively satisfied, protested of the delay in receiving their service, as well as the price of medication. This result is consistent with studies by Udoh and Mboho, (2021); Obionu (2007) and Effiong (2019), who stated that

Recovery outcomes and Health Literacy

A low level of health literacy (the knowledge of diseases, treatment compliance, etc.) (only 20 percent of rural respondents) was revealed in comparison with urban respondents (60 percent). There is a close relation between health literacy and positive health outcomes. City dwellers are more educated and they know prescriptions, adherence to medical holdings and when a doctor should be consulted. The misinformation, abuse of drugs and low adherence to treatment arise due to low literacy rates in the rural communities. This correlates with that of Nutbeam, (2008) who highlighted that communication in the field of health is only successful when people possess skills on how to respond to information.

Conclusion

The paper highlights that health recovery is not only a process subject to hard biological or medical manipulation, but a social process,

Recommendations

It is therefore based on the findings the researcher can recommend as follows to

governmental agencies accessed as a source of support both in terms of psychological and material aspects such as medication and counseling, (Nkanta, Ekoriko and Oyebanji, (2024). This agrees with the social integration concept by Durkheim that underlines the ability that supports a collective well-being. Nevertheless, this integration takes two different forms in an urban and a rural environment.

the obstruction of health equity in rural Nigeria may be a big method due to heavy infrastructure and lack of competent basic health care. The accessibility and quality of care in urban areas is much improved even though they are not completely devoid of difficulties. Besides, the urban residents stand a better chance of accessing health insurance or information on the available health facilities.

predominantly guided by structural disparities, culture, and neighbourhood dynamics. This highlights the requirement of sociological solutions in health interventions, and both medical and social aspects of health determinants have to be taken into consideration. Finally, this study has illuminated the decisive sociological realities that have been affecting health recovery particularly in the rural and urban places in the LGA of Uyo. Inequalities in the recovery process, access to medical services, and health-seeking behaviors highlight the importance of specialized health interventions that should focus on medical aspects as well as on social ones when it comes to health. A more comprehensive strategy is required that involves refinement of healthcare access, education, cultural integration and social-support systems to achieve equity in health outcomes of all Uyo residents.

enhance health recuperation results of both rural and urban settlement of Uyo Local Government area:

- i. Enhanced healthcare availability in the countryside: The government and non-governmental organizations ought to collaborate in order to increase healthcare facilities accessibility in the countryside by constructing more healthcare facilities, expanding road networks, and providing patients with subsidized transportation services. This will assist in lessening the distance and cost barriers to impede early health care.
- ii. Cultural Sensitivity in Health Interventions: Cultural considerations that focus on the health policies must incorporate the traditional forms of healing practice in parallel with the well-established medicine acknowledging the cultural roles in influencing health practices, (Udoka, Umoh, and Etuk, (2020). The improvement on the adherence of treatments and health outcomes may be addressed by training healthcare staff to approach rural communities in a manner that would respect their cultural beliefs and knowledge.
- iii. Health Education Programs: Rural and urban communities would be served by the health literacy campaigns that focus on enhancing the health knowledge concerning the most frequent diseases, prevention mechanisms, and the necessity to act following the recommendations set by the doctor. They also recognized that health campaigns are culturally sensitive and they must be given the formal and informal ways (e.g. radio, community meetings).
- iv. Community -Based Health Support Systems: There is a need to build stronger community health networks both in the urban and the rural settings. This may imply institutionalizing help in urban centers and empowering local health workers and community leaders to offer long-term support in case of sickness in the countryside to complement formal health care facilities.
- v. Health programme monitoring and evaluation: Future health programs in Uyo LGA must have the monitoring and evaluation component so that they were able to fit the specific needs of the rural and urban dwellers. An outcome-based system of measurement involving recovery times and quality of life would go a long way in deciding intervention effectiveness.
- vi. Financial Assistance and Insurance Programs: To overcome the economic impediments of health care, it would suggest that the local government should think about making subsidized health care insurance available to low income families, particularly in the rural context, to keep health care treatment out of pocket costs down.
- vii. Cross-Sector Collaboration: More interagency collaboration across the health, education, and transportation sectors should provide solutions to addressing the larger influences of health. Cross-sectoral collaborations would help to eliminate the

conditions leading to health disparities which may include

education, poverty and lack of infrastructure.

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