

Effectiveness of Women Education on Community Development Projects in Oron Local Government Area of Akwa Ibom State, Nigeria.

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Abstract

This study investigated effectiveness of women education on community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria. One research question and one null hypothesis were formulated to guide the study. The study adopted correlational research design. The population of the study comprised 2,020 female adults. A sample of 202 respondents was drawn for the study. The sampling was done through simple random sampling technique. The instrument for data collection was the structured questionnaire developed by the researchers. The questionnaire titled “Effectiveness of Women Education on Community Development Projects” (WECDPQ) was the main instrument used for data collection. Three experts validated the instruments, one expert from Continuing Education and Development Studies and two from Measurement and Evaluation in the College of Education University of Calabar. Pearson product moment correlation analysis was used to analyse the data. Data collected were analyzed using mean and standard deviation in answering research questions while t-test was used in testing the hypothesis at 0.05 level of significance. The research findings revealed that health education relates to community development projects in the study area. It was recommended among others that government and health agencies should intensify community-based health education initiatives targeted at women, focusing on maternal and child health, nutrition, sanitation, and disease prevention. Educated women are more likely to apply health knowledge effectively, thereby improving household well-being and enhancing participation in community development projects.

Key words: Effectiveness, Women, education, community, development and projects

Introduction

Community development is a veritable instrument for inducing positive changes or transformation in a community. Filani (2018) asserts that community development is the process by which the efforts of the people themselves are combined with those of the government authorities to improve the economic, social, and cultural conditions of such communities by integrating them into the fabric of society; allowing them to contribute fully to national progress. Community development denotes the link or relationship between economic activity and the advancement of social life through the ongoing improvement and upliftment of people’s well-

being and standard of living (Oboqua et al., 2017; Akin-Fakorede et al., 2025). Community development is a process that seeks to build strong, sustainable communities by bringing people and organizations together to identify common needs and goals, mobilize resources, and implement strategies that improve the quality of life for all the residents (Community Tool Box, 2021). Community development involves collective efforts aimed at improving the socio-economic, cultural, and environmental conditions of a community through the mobilization and utilization of local resources. It encompasses initiatives such as infrastructure provision, healthcare delivery, educational improvement, poverty alleviation, and environmental sustainability of not only the men but the women counterparts (Akam, et al., 2013; Bessong, et al., 2026).

Education remains one of the most potent instruments for fostering human development, social transformation, and sustainable economic growth. Women education has attracted increasing scholarly and policy attention due to its far-reaching implications for both individual empowerment and community advancement. Muonagor and Okonkwo (2023) reported that globally, educating women is recognized as a strategic pathway to achieving sustainable development, as it contributes to improved health outcomes, reduced poverty levels, enhanced productivity, and strengthened civic participation. In developing countries such as Nigeria, the role of women's education is even more critical given the persistent developmental challenges confronting rural and semi-urban communities (Ibiang, et al., 2014; Oroka et al., 2024).

Women education according to Ige (2024) refers to the acquisition of formal, non-formal, and informal knowledge, skills, and competencies that enhance women capacity to participate effectively in socio-economic and political activities. Oboqua et al., (2017) and Ige (2024) asserted that educated women contribute significantly to national development through improved family welfare, better child upbringing, enhanced decision-making, and increased participation in

economic and political processes. Beyond individual benefits, women's education has a multiplier effect on community development, as educated women are more likely to invest in health, education, and social well-being within their communities (Mbagwu et al., 2016; Bessong, et al., 2026). In Nigeria, women have historically played indispensable roles in community development through participation in self-help projects, cooperative societies, and grassroots mobilization efforts. Their contributions are closely linked to the overall progress and transformation of communities (Ogbonnaya and Okechukwu, 2023).

Furthermore, Ogbari (2024) stated that education enhances women's awareness, critical thinking abilities, and leadership skills, enabling them to actively participate in decision-making processes within their communities. Muonagor and Okonkwo (2023) revealed that when women are educated, their level of participation in community development activities increases significantly, leading to more inclusive and sustainable development outcomes. Educated women are also better positioned to advocate for social change, mobilize community members, and ensure the effective implementation and sustainability of development projects.

In another vein, Kura (2017) observed that government of Sokoto State is encouraging young girls of school age to strive harder to study sciences, particularly in the field of family medicine. According to him in his paper titled determinants of healthcare service delivery in Sokoto, Nigeria, ranging from 2013 till date, several young women have been given admission into nursing, pharmacy and other branch of medicine in both federal and state Universities. The effort is to increase the number of women involved in medicine and other related area or discipline, who will not only study to work as medical doctors; but would always be there for women whenever there is need. With government support and sponsorship, it is possible that several women will be trained to come back and work in the various health centre and agencies

to assist people, particularly women and children who are mostly affected by ill-health (Bessong, et al., 2026). Apart from the fact that the University is relevant in the training of people to handle pregnancy, child delivery and complications during birth, several young women and aged women who were born with such skills and practices can also be trained to assist women in their localities where and when doctors and nurses cannot be reached.

The trainees are taught vital things about labour, delivery, childbirth and the materials to be used for delivery as well as the hygienic condition of the environment to be used to take delivery. Those trained are given certificates to enable them practice and the materials to work with (Oboqua et al., 2018; Bessong, et al., 2026). This explains the reduction in death cases during childbirth and hard labour. They are careful while carrying out this task to ensure a safe and successful delivery among women which in-turn will bring community development in the area.

Kim (2021) in his article titled “Contributions of Non-governmental Organizations in Empowering Women in Kerala District of India,” observed that volunteers from American Oxford University spent their summer in this remote area training women on hygiene sanitation and first aids treatment and services. Kerala has for several years been ravaged with series of contagious diseases due to poor hygiene and sanitation. There was prevalence of malaria and typhoid fever to the extent that death among women and children increased rapidly. Emergency cases like road accidents became pathetic whenever it happened as it most often than not resulted in death where victims could not immediately have access to medical doctors who are resident in the urban areas, this situation was made worse for pregnant women who developed complications during labour, infants and aged women. Several women who undertook these training have completed and began a new way of life. The government of India has partnered with other organizations to tackle one of their greatest problem which is lack of quality water supply in the

entire district. Similarly, good toilet facilities have been provided to promote solid waste management. The experience in kerala explains the role of good sanitation to proper healthcare and the place of women in maintaining a healthy and disease-free environment.

Khan (2023) in “Lady Health Worker Programme of Pakistan.” explains that the programme establishes a vital link between households and health services, particularly for rural areas, where mobility is restricted. They recruited women went through fifteen months training under a medical doctor in primary healthcare centres. The trainees now go from house to house to give the treatment for minor preventable cases. This programme provides income for the employee women, it offers women expanded mobility, reduces mortality rate in the local communities (both of infants and adult family members). It enhances the visibility and credibility of working women. This programme is seen as an empowerment source, a catalyst of positive change and a state sponsored programme on expansion of health-care employment.

Adamu (2019) conducted a study on healthcare service programmes and women participation in nation building in Kano. The findings of this study showed that more than two third (80.2%) of the women between age 31-45 years have no access to quality healthcare services. Majority or about 76.7% of the women who have access to healthcare facilities rank among the average Nigerians. The remaining (57.1%) of women particularly those in the rural parts of Kano that have access to healthcare services from primary healthcare centres neither receive attention nor adequate medication due to lack of facilities, unavailability of drugs and medical personnel to attend to patients.

In the context of Oron Local Government Area of Akwa Ibom State, community development projects such as road construction, sanitation programmes, educational initiatives, and economic empowerment schemes are critical to improving the living standards of residents.

However, the effectiveness and sustainability of these projects often depend on the level of community participation and the capacity of individuals involved. Given that women constitute a substantial proportion of the population and are central to family and community life, their level of education becomes a key determinant of their involvement and effectiveness in such projects (Ubana et al., 2023). Notwithstanding ongoing government and non-governmental efforts to promote education and community development, there is still a need to critically examine how women's educational attainment influences their participation and contributions to community development at the grassroots level. This is particularly important in areas like Oron LGA, where socio-cultural dynamics and economic realities may shape both access to education and the nature of community development initiatives.

There is a significant association between access to adequate healthcare facilities and mortality rate of women and children in the study area. In the area of health, the platform strategic objectives aim to increase women's access throughout their life cycle to appropriate, affordable and quality healthcare, information and related service; strengthen preventive programmes that gender sensitive initiatives addressing sexually transmitted diseases, HIV/AIDs, sexual and reproductive health issues; promotes research and disseminate information and increase resources and monitor follow-up for women's health (Tunde, 2020).

Women marginalization and discrimination is still very much in practice most particularly in many rural communities in Nigeria that still hold tenaciously to some negative cultural practices (Ibok et al., 2025). Apart from the fact that more than 15,000 women die annually due to child birth and child labour, more than 20,000 that is 46.8% of women also die due to lack of access to quality medications on HIV/AIDs, and more than 30,800(56.2%) of women and 12,986 (27.6%) of women respectively have suffered total barrenness and loss of excess blood as well

as suffered death annually due to female genital mutilation (FGM). Women still suffer these unfriendly health challenges due to lack of pragmatic policy to protect them (Femi, 2025). The Gender and Community Driven Development (CDD) concept Note explains that the Fadama II and III project and Burkina faso community monitoring for better health and education service delivery projects aims to increase the quality and quantity of health and education services through empowering, capacitating and stimulating individuals and communities to deliver good governance.

Despite the recognized importance of women's education in Oron Local Government Area of Akwa Ibom State, significant gender disparities in access to education persist in Nigeria. Makai and Dieku (2024) identified socio-cultural, economic, and institutional barriers that limit girls' and women's educational opportunities. These include early marriage, poverty, cultural norms that prioritize male education, inadequate educational infrastructure, and limited policy implementation. In many rural areas, these challenges lead to high dropout rates among girls, thereby reducing the pool of educated women who can contribute meaningfully to community development initiatives. Ige (2024) further highlight that girls' education plays a crucial role in poverty reduction and community transformation. Educated women are more likely to participate in the workforce, generate income, and support household livelihoods, thereby contributing to broader community development outcomes (Ibok, et al., 2025; Koledoye et al., 2026). Conversely, limited access to education perpetuates cycles of poverty, dependency, and underdevelopment within communities. In addition, social empowerment initiatives targeting women such as education and skill acquisition have been shown to significantly enhance women's capacity for entrepreneurship, resource management, and community leadership, all of which are essential for sustainable development (Anyadike et al., 2024). It is against this backdrop that the researchers

sought to investigate effectiveness of women education on community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria.

Purpose of the Study

The purpose of the study was to investigate effectiveness of women education on community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria. Specifically, the study sought to:

1. Examine the relationship between health education and community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria.

Research Question

1. To what extent does health education relate to community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria?

Statement of Hypothesis

1. There is no significant relationship between health education and community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria.

Methodology

Correlational research design was adopted for this study. The population of this study was made up of all community members between 20 years to 50 years in five communities of Oron Local Government Area of Akwa Ibom State with a population of 2,020 female adults. The sample of this study is made up of two hundred and two (202) respondents randomly selected from five (5) communities in the study area using simple random sampling technique. The instrument for data collection was the structured questionnaire developed by the researchers. The questionnaire titled “Effectiveness of Women Education on Community Development Projects” (EWECDPQ) was the main instrument used for data collection. The questionnaire which was used to collect data

had two sections A and B. Section 'A' contain demographic variables while section 'B' contained information on the research sub-variables and was validated by two experts in Measurement and Evaluation in the University of Calabar, this was done to ensure that the items measured what they were expected to measure. 202 questionnaire copies were distributed and retrieved accordingly. Pearson product moment correlation analysis was used to analyse the data.

Presentation of Results

Hypothesis one stated that there is no significant relationship between health education and community development projects in Oron Local Government Area of Akwa Ibom State, Nigeria. The independent variable is health education while the dependent variable is Community development projects. To test this hypothesis Pearson product moment correlation analysis was used and the result as presented in Table 1 showed that the calculated r-value of 0.54 is greater than the critical r-value of .138 at .05 level of significance with 200 degrees of freedom. The result of the analysis is significant since the calculated value is greater than the critical value. With this result, the null hypothesis was rejected. This implies that health education significantly relates to community development projects in the study area.

Table 1: Pearson product moment correlation analysis of the relationship between health education and community development projects (N=202)

	$\sum x$	$\sum x^2$		
Variables	$\sum y$	$\sum y^2$	$\sum xy$	r-cal
Health education	282	7587	76942	0.54
Community development projects	2385	5830		

* Significant at .05, critical $r=.138$, $df= 200$.

Discussion of Findings

The result of this hypothesis indicates that health education significantly relates to community development projects in the study area. The findings of this hypothesis is in consonance with Kim (2021) discovery of empowering women in Kerala district of India (volunteers from American Oxford University spent their summer in this remote area training women on hygiene sanitation and first aids treatment) to support the community by training women on hygiene sanitation and first aid treatment and services. Emergency cases that had resulted in death were now averted. Several women who were involved in these trainings began a new way of life. In this vein, the government of India collaborated with non-governmental organizations to tackle their greatest problem (lack of quality/ clean water). The experience in kerala explains the role of good sanitation to proper healthcare and the place of women in maintaining a healthy and disease-free environment. Khan (2023) corroborates this study in his Study on Lady Health Worker programme of Pakistan, where women were recruited and trained for fifteen months under medical doctors in primary health care centres. The trained women go from house to house to give treatment for minor preventable diseases. This singular effort has a multiplier effect on the women and the entire community.

Kura (2017) also observed that government of Sokoto State is encouraging young girls of school age to strive harder to study sciences, particularly in the field of family medicine. According to Kura in his paper titled determinants of healthcare service delivery in Sokoto, Nigeria, ranging from 2013 till date, several young women have been given admission into nursing, pharmacy and other branch of medicine in both federal and state Universities. The effort is to increase the number of women involved in medicine and other related area or discipline, who

will not only study to work as medical doctors; but would always be there for women whenever there is need. With government support and sponsorship, it is possible that several women will be trained to come back and work in the various health centre and agencies to assist people, particularly women and children who are vulnerable and are mostly affected by ill – health.

Apart from the fact that the University is relevant in the training of people to handle pregnancy, child delivery and complications during birth, several young women and aged women who were born with such skills and practices can also be trained to assist women in their localities where and when doctors and nurses cannot be reached. The trainees are taught vital things about labour, delivery, childbirth, and the materials to be used for delivery as well as the hygienic condition of the environment to be used to take delivery. Those trained are given certificates to enable them practice and the materials to work with. This explains the reduction in death cases during childbirth, and hard labour.

Khan (2023) corroborates this finding in her study “Lady Health Worker Programme of Pakistan” where women are recruited and trained for fifteen months under medical doctors in primary healthcare centres. The trained women go from house to house to give advice and treatment for minor preventable diseases. This singular effort has multiplier effect on the entire community. In addition to this, Adamu (2019) revealed in his study on healthcare services perorammes and women participation in nation building in Kano. The findings of this study showed that more than two thirds (80.2%) of the women between services have no access to quality healthcare services. He further explained that the programme establishes a vital link between households and health services, particularly for rural areas, where mobility is restricted. This programme provides income for the employed women, offers women expanded mobility, reduces mortality rate in the local communities (both of infants and adult family members). It

enhances the visibility and credibility of working women. Tunde (2020) supports this finding in the area of health by explaining that the strategic aim for development is to increase women's access to proper health throughout their life cycle to appropriate, affordable quality healthcare, information and related service, strengthen preventive programmes that gender sensitive initiatives addressing sexually transmitted diseases, HIV/AIDs, sexual and reproductive health issues, increase resources and monitor follow-up for women's health.

Conclusion

Based on the result of findings of the study, it was concluded that health education has a significant positive relationship with community development projects in the study area. Furthermore, it was reported that medical education has significantly played a pivotal role in the educational sector in promoting vaccination and immunization of children of the state. It was concluded that health education has a mutual and cordial compatibility with community development projects in provision of environmental awareness, preservation and conservation among others.

Recommendations

Based on the findings and conclusion reached in this study, the following recommendations were made:

1. Health education should be embedded in both formal school curricula and adult education programmes for women. This will ensure that women, regardless of educational background, acquire essential knowledge on hygiene practices, reproductive health, and preventive healthcare, which are critical for sustainable community development.

2. Government and health agencies should intensify community-based health education initiatives targeted at women, focusing on maternal and child health, nutrition, sanitation, and disease prevention. Educated women are more likely to apply health knowledge effectively, thereby improving household well-being and enhancing participation in community development projects.

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