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Health and Economic Growth in South East, Nigeria

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Abstract

Health and economic growth are germane to each other. The extent to which one can affirm the influence of the one on the other is, however, dependent on the available situational evidence. Health can be the source of economic growth, just as wealth can enhance health condition. In the South eastern states of Nigeria, health cannot be said to be making any significant impact in economic growth. The healthcare service in these states is financed by the individuals. It is often mixed up with superstition and characterized by insufficient funding by state governments. There will be a meaningful economic improvement if ever there is a combined proactive engagement in healthcare delivery by the state governments and the citizens. The approach in this paper is analytic and descriptive.

Key words: health, wealth, Igbo, government, superstition.

Introduction

The south eastern geographical space of Nigeria is the country home of the Igbo. It is made up of five states – Abia, Anambra, Ebony, Enugu and Imo. The Igbo are friendly, industrious, competitive, individualistic and enterprising. They love

community spirit. They hold justice in high esteem. The principle of justice plays significant role in their interpersonal relationships. On account of the above named values, they usually succeed where others fail. Many of them live and work outside their geographical space. They make their fortunes in countries, towns and cities in which they live. They do not forget their root. They come home and erect magnificent edifices and invest their money in other areas of interest in order to flaunt their new found economic status.

However, a visitor that comes into any of the South eastern states of Nigeria is most likely to be confronted with signs of affluence and poverty. Many towns and villages are dotted and adorned with beautiful houses built by those living abroad or by those exporting or importing goods from Nigeria. However, the roads leading to these places do not square favourably with the buildings. They are dilapidated, rough and full of potholes. On both sides of the roads, there are old buildings that are crying for repairs or reconstruction. Many of their occupants are wallowing in abject poverty. Some find it difficult to pay the school fees of their children and wards, have three square meals a day or pay for their hospital bills. A good number visits quacks when they are sick. They engage in petty trading, subsistence farming and hawking of food to eke out a living.

Many factors can be said to be responsible for this state of affairs. This paper, however, maintains that the failure of the government in the South eastern states of Nigeria to invest sufficient amount of money on health sector is partly responsible for this. In all intent and purposes, the government appears not to know or rather decides not to know the influence of good health on economic growth. Number plays an enormous role not only in politics but also and much effectively in boosting economic growth. The number of healthy people in any economy determines the pace of the economic growth.

Paradox of Health and Wealth

There is a common saying that “A healthy nation is a wealthy nation”. This is to say that if the citizens are healthy, the nation is inexorably wealthy. This means that health is the source of wealth. But there is a contrary opinion. It says that it is rather wealth that is the source of good health. The assumption of this opinion is that if the nation is in affluence, the opulence will inevitably bring about the improvement in the health of its citizens. The paradox of health and wealth is, however, like the causative dilemma of the egg and the chicken. It is difficult to decide which exists before the other, the egg or the chicken. The chicken comes from the egg. But the chicken lays the egg from which the chicken emerges.

The paradox of health and wealth can similarly be compared to the paradox of the priority of the state and the individual. For Plato, the individual is chronologically prior to the state (S.E. Stumpf, 1983). The state only came into existence because people could not individually provide for their many needs. Hence, the state exists for the good of the individuals. Therefore, if the individuals are just, the state is inexorably just (F. Copleston, 2003). It follows that if they are happy, the state is happy; if they are healthy, the state is healthy. This means that the individual's good takes precedence over the common good. Aristotle does not share completely this optimism. His approach to the paradox of the priority of the individual and the state is quite different. He makes a distinction between chronological and ontological priority. He shares with Plato the idea that the individual is chronologically prior to the state. But he emphasizes that from ontological point of view the state is prior to the individual (Aristotle, 1990). His argument is that no individual can survive outside the state¹. The individual realizes himself within the context of the human community. He is not ontologically separable from the state. He is part of the state. He is inextricably linked with the state. On the basis of this, Aristotle avers that the common good of the state is prior to the good of the individual (Aristotle, 1994). If the state is good, the individual shares in the common good. This is in tandem with the adage *Dictum de Omnia et nullo* (whatever that is said positively or negatively of a whole is applicable to the individual members of that whole). Both Plato and Aristotle have strong points which sustain their claims. The same is true with regard to health and wealth. Different people have different arguments to endorse their points of view that health or wealth is the *fons et origo* of the other.

Be that as it may, one thing that is indubitable is that health and wealth are symbiotically related; they are co-relatives. However, in a given circumstance, one cannot legitimately conclude without much evidence that the one is the cause of the other. Anne Thomson endorses this view when she says that it is not proper to argue as follows: "There have been improvements in the health of the population over the past thirty years, a period during which there has been an increase in the affluence of the country. So the increased affluence of the country has produced the improvements in

¹ For Aristotle, the state consists of families, villages, towns, etc. According to him "if each individual when separate is not self-sufficient, he must be related to the whole as other parts are to the whole, while a man who is incapable of entering into partnership, or who is so self-sufficing that he has no need to do so, is no part of a state, so that he must be either a lower animal or a god." (Aristotle, 1990)

the health of the population” (A. Thomson, 2009). Anne Thomson says that the flaw in this argument is the insufficient evidence to support the conclusion. The fact that both affluence and health of the population have occurred together does not justify the conclusion that affluence is the cause of health. It is possible that health or some other factor could have been responsible for the increase in the affluence of the country. This observation is ineluctable. And what this boils down to is that it is not legitimate to say that health or wealth is the source of the other without proof. It depends on the available situational evidence. Besides, it can happen that health and wealth are simultaneously contributing to the improvement of each other. However, let us consider the reasons why health or wealth can lead to the improvement of the other.

Health and Economic Growth

Some people subscribe to the idea that good health serves as a fillip to economic growth (G. López-Casasnovas et al, 2005). There are a number of reasons that lend credence to this. Healthy people are regular at their work places. And this is a huge advantage that simulates the growth of the economy. We see this clearly in the running of government. Every government is divided into sectors. These sectors are dependent on one another. They are interconnected. If the workers at the various sectors are always at their duty posts discharging their functions, the growth of the economy is assured. However, if, for example, many workers in one sector are not regular to work due to ill health, their absenteeism affects others and brings about a disconnect in the system. This slows down the rate of economic growth. What is said here is true of the private sector. It is also applicable to those in small scale businesses. If a trader is not often at his shop due to illness, he will certainly lose many of his customers. And this affects his income adversely.

Healthy people are the active agents in the development of any economy, in the sense that they have the capacity to work continuously for hours. They are the main drivers of the economy. They do not experience the weakness of the body which affects their endurance to work for hours. They are even ready to work for extra hours. Long hours of work lead to increase in productivity. The productivity is much more when there are such healthy people working for hours.

The number of healthy people that live and work in a country or a state or a community is an important factor that must be emphasized in respect of the growth of the economy. Sickness reduces the number of the workforce. Fifteen healthy people are more likely to produce more goods than five healthy people. The wealth creating potential of number was what encouraged the practice of slavery in the past. People acquired slaves (able bodied men and women) in order to increase their productivity. In the ancient period, Greece and Rome were said to have had slaves that outnumbered

their respective citizens. According to Oguejiofor, “The economies of the ancient Greece and Rome were dependent on slave labour, so much that ninety percent of Greece was constituted of slaves” (J.O. Oguejiofor, 2001). Because of the lucrative nature of slave business in boosting the economy, millions of healthy and able-bodied Africans were captured and sold as slaves to work in Europe and America. These slaves assisted in no small measures in improving the economic growth of these continents. Their deportation brought about a sharp decline in the workforce in Africa. This ineradicable fact is one of the factors that contributed to the underdevelopment status of the continent. So, while the increase in workforce, made possible by the presence of large number of African slaves, enhanced the development of Europe and America, the decrease in the African workforce caused by the deportation of able-bodied Africans led to the impoverishment of the continent.

Be that as it may, it must be noted that Europe and America did not have the monopoly of knowing the importance which a large number of able-bodied men and women plays in economic growth. Before the advent of the Europeans and Americans into the African soil, the Africans in their natural wisdom knew the impact of number in the creation of wealth. This knowledge is encapsulated in the Igbo proverb: *Igwe bu ike* (Number is power). This is a philosophy underlying many of Igbo people’s activities even till today. It was because of this that their men married many wives. It was essentially to beget many children. The children were useful in farm work and in animal husbandry (M.P.B. Eboh, 1997). They were useful economic assets that facilitated the creation of wealth. The acquired wealth was, more than anything else, needed in flamboyant and ostentatious funerals which were believed to fast-track, with much facility, the entry of the dead into the spirit land.

Again, because of the philosophy of *Igwe bu ike*, the Igbo love the acquisition of friends. They acquire as many friends as possible because of the advantages therefrom. They believe in the sayings: *Onye nwere mmadu ka onye nwere ego* (He who has friends is greater than he who has money) and *mmadu ka eji aka* (one is greater if one has friends). The same philosophy of *Igwe bu ike* informs their formation of social groups such as age grades, *Umuada*, *Ozo*-title institution etc. These are socio-economic groups. An age grade, for example, may decide to undertake a development project in the community which ordinarily as individuals none would be able to venture into. All the above observations are meant to emphasize that when many hands are working together, that is, many healthy people, the economic growth is assured.

Having seen how health can lead to economic growth, let us examine how the wealth of a state can improve the health condition of the individuals.

The Influence of Economic Growth on Health

The wealth of a nation has enormous influence on the health of its citizens. When the economy of the state is good, its effects are felt by the citizens. One of such effects is that they will have more money in their pockets to attend to their numerous needs. With part of the money, they can afford to seek medical attention to improve their health conditions which otherwise would not be possible if they do not have the wherewithal. They can pay for their drugs directly or seek the services of a health insurance company for their medical needs. Besides this fact, when the nation is affluent, the government can subsidize the health services in order to make them affordable to the poor. It can also set aside a large sum of money for research programs in different diseases. All these ultimately lead to the improvement of the health of the people. It is because of the important role of government in the provision of health services that the World Health Organization has asked each government to set aside 5 percent of its annual budget on healthcare services.

Apart from direct effort to improve the health condition of the citizens, government does the same, albeit, indirectly through the provision of affordable and qualitative education. When the citizens are well educated, they are equipped with information on how to manage their health – what to eat and what to avoid.

Individual Efforts in Health Management in Igbo Land

There is no co-ordinated community healthcare arrangement among the Igbo. This was lacking even in the traditional society. The individual is on his own with regard to his health needs. He consults a native doctor or a diviner for his illness. He is sometimes told that spiritual forces or human agents are responsible for his illness. Like every African he believes superstitiously that “every illness is traced back to some cause, usually preternatural which could be evil spirit, an enemy or even the divinities or ancestors” (Ezeanya, 1976). On account of this superstitious belief, he approaches the native doctor or the diviner and requests him to enfeeble and neutralize the powers of the agents of death that are targeted at him. He may decide to shop around from one healing centre to another in search of delivery and miraculous healing. He goes for all night vigils. Indeed, there is no efficient and very effective healthcare delivery. Because of this fact, many die prematurely. A good number retire before reaching their retiring age. Some are frequently absent from work. All these result in poor productivity.

The health challenges experienced by the Igbo people are very often compounded especially when the diviners or the faith healers tell them that a human agent is the source of their illness. This divination or prophecy creates tension between the sick and the accused. The sick braces himself or herself for a showdown with the accused. In order to assert his or her innocence the accused would institute a legal action against the accuser or report the accusation to the appropriate quarters within the

community. Time and money are needlessly wasted. Both the accuser and the accused spend time and money needed to improve their income in seeking redress. But more importantly, this unnecessary and avoidable conflict creates the stress that exacerbates their health conditions. It has been found out from a research that “a marked increase in life stress often stemming from difficulties in interpersonal relationships preceded the onset of nervous breakdown” (Ejide, 2009). And this happens to the accused and the accuser without their knowing it. This occurs particularly when their sour relationship lingers for a long time.

In spite of these negative consequences many of the sick people still patronize these native doctors and faith healers since their health services are affordable. They look for the services of “herbalists, and faith healers, and patent medicine vendors, not because these are thought to be more efficacious, but because they cannot afford hospital fees” (Isichei, 1976). Sometimes, however, the native doctors may hazard a guess and make prescriptions that lead to the recovery of health. But nevertheless the bane of the traditional medical practice is that it does not diagnose illness properly before treatment. Again, there is the problem of dosage. Often inappropriate dosage given to patients leads to complications which are later presented to western orthodox medical doctor for treatment.

Again, because there is no organized healthcare delivery system in place in Igbo land, a good number of people simply walk to the pharmaceutical stores to purchase their drugs without consulting the doctor or going for laboratory test. The pharmaceutical store manager makes the prescription or “mixes” the drugs after listening to the description of the health problem. The sick may even write out the drugs by himself. He buys them without doctor’s prescription. This is self- medication. It often leads to critical health condition which otherwise would not have been if proper diagnosis was carried out.

The condition of health in the South eastern states of Nigeria is further made worse because there is inadequate control of the quality of drugs being sold to the people. These drugs which have doubtful quality are advertised in the markets, motor parks, transport busses etc. Some gullible and unsuspecting people fall victim to the adulterated or fake drugs.

The consequences of individual health financing, that is, direct payment of health services have been aptly articulated by Ichoku. According to him,

It is generally acknowledged that out-of-pocket health payment, defined as user charges in public facilities and direct payments to private health care providers, is not only associated with welfare losses to individual households and society, but also leads to

catastrophic health payments, impoverishment, increased uncertainty and reduced consumption of health services by many households. Large out-of-pocket (oop), particularly among the poor, results to reductions in their consumption of other basic needs including food, shelter, clothes, housing and children education etc. (Ichoku, 2013).

On account of the poor condition of healthcare delivery in the south eastern states of Nigeria, some spirited individuals organize themselves into charitable groups in order to ameliorate the situation. Some people who live outside the country fly in with a team of health workers to provide free medical services to the people. On the scheduled days, people usually turn out in their numbers to receive medical attention. The health workers diagnose them and provide drugs for them. Sometimes they are given eye glasses and hearing aids after proper tests. The beneficiaries are understandably overwhelmed by the kind gesture.

These charitable groups are increasing in their numbers. The first reason for this is because the sick cannot provide adequately their medical needs. The second is because of government's almost complete neglect of the health sector. Below are the amounts allocated to health subsector in the 2015 and 2016 budgets presented to the state Houses of assembly.

Table 1: 2015 Proposed budget and allocation to health Sector

State	Proposed 2015 Budget	Allocation to health subsector	Percentage of health on the budget
Abia	102.4 Billion	4.1 Billion	4%
Anambra	164.496 Billion	5.2 Billion	3.2%
Ebonyi	80 Billion	2.147 Billion	2.7%
Enugu	96.7 Billion	4.9 Billion	5.1%
Imo	141.22 Billion	6.3 Billion	4.4%

Table 2: 2016 Proposed budget and allocation to health Sector

State	Proposed 2016 Budget	Allocation to health subsector	Percentage
Abia	96.7 Billion	Not available	
Anambra	101.4 Billion	2.45 Billion	2.4%
Ebonyi	101.1 Billion	2.4 Billion	2.4%
Enugu	85,179,449,000	3 Billion	3.5%
Imo	102 Billion	4.9 Billion	4.8%

From tables 1 and 2, it is clear that the health subsector is not one of the critical sectors that require the attention of the governments. We presented the figures in the 2015 and 2016 budgets in order to show what the past and present administrations allocated to health subsector. The only exception is Anambra state where the allocation to health subsector for 2015 and 2016 was made by the same administration of Governor Willie Obiano. It is useful here to emphasize that the figures allocated to the health subsector by the various state governments are simply projected expenditure proposals. They are not the actual expenditures which may be much less. To say that the actual expenditures on health may be less than what is budgeted is not an *ipse dixit*. There are many indices that can be used to substantiate it. The *ne plus ultra* of these that comes readily to mind is the industrial action that is often embarked upon by state health workers. If the workers are properly remunerated and paid their due at the end of the month, it is unlikely they would embark on strike to embarrass the government.

In any case, when we consider the percentage that is allocated to health subsector by various Igbo governors, we find that it is only the Enugu state government, which in 2015, met the World Health Organization's recommendation that 5% of government budget should be set aside for healthcare delivery services. However, whether that amount was actually spent on health could not be ascertained. So the state governments must increase not only their projected allocations but the actual expenditure on health if they wish to have a robust economic growth.

Suggestions to Improvement of Health Services

To improve the health needs of the people, the financing of health services should not be left to the whims and caprices of the individual. It should be the joint efforts of the government and the individual. There are generally four ways of healthcare financing. They are "general taxes (direct and indirect); social health insurance compulsory contributions; social private formal or informal insurance schemes; and direct out-of-pocket payments" (H.E. Ichoku, 2013). The Igbo are ready to accept any new health financing plan that carries with it many advantages. They are known for their continuity and change for whenever "a better alternative is seen, they (Igbo) will readily abandon their former option for the latter. It is one of the most ingrained beliefs among the Igbo that no condition is permanent" (Ogwejiofor, 1996).

The Igbo love community spirit; they believe in the *Igwe bu ike* philosophy as noted earlier. This fact notwithstanding, they are known to be individualistic. A suitable financing arrangement of healthcare services for them ought to take these two realities into account. On the basis of this, the health financing arrangement for them should be communal and private. It should be a combination of the compulsory health insurance scheme and the individual payment of healthcare services. The latter is what is already

in place. But it has proved to be inadequate as a means of improving the health needs of the people. And so it has to be complimented with the compulsory health insurance scheme.

In the compulsory health insurance option, everyone has to contribute some money. This insurance proposal is different from the current national insurance scheme being organized only for the civil servants by the government or the one being organized for priests/lay faithful by various dioceses in Nigeria. In the compulsory health insurance program being here proposed is for everyone. A certain amount of money, to be determined by a group of experts, is to be paid by civil servants and those working in the informal or formal private sector. The health insurance scheme itself ought to be largely subsidized by the state government. The percentage of government contribution is to be worked out by the group of experts. The government participation in the health insurance arrangement shows its pro-active engagement in the health care of the citizens.

Nevertheless, the compulsory health insurance contribution scheme should not be seen as an imposition. There is need to create awareness before embarking on it. And this should be done on the state, local government, town and village levels. The traditional rulers, presidents of town unions, village heads, priests and pastors are to be engaged in the sensitization drive. The state government should map out enough money for this campaign. At the end of the campaign, people should be asked to vote for or against the scheme. Traditionally people have the right to express themselves in matters that concern them within the community. This is necessary because if a decision is taken without their consent or consensus, those opposed to it may easily opt out of it without a problem (Okafor, 1992).

The Igbo people are no strangers to contributions. They are likely to vote to adopt the healthcare scheme if it is backed up by strong arguments. When this health insurance scheme is adopted, the health delivery services will be available to the very poor. This will lead to the general improvement in the health of the population which ultimately results in the growth of the economy.

Another proposal towards the improvement of the health services of the people is that African traditional medical studies should be included in the syllabus for those studying medicine in the universities. This is not an inane proposal. The African philosophy, for example, after initial suspicion, has been introduced in the African universities for those studying philosophy. The introduction of the African traditional medical studies in our universities will help to deepen the knowledge of African traditional medicine. There are no doubts that there are certain curative leaves and plants that are found in the African soil which cannot be found anywhere else in the

world. The medicinal contents of these can be subjected to laboratory tests to determine their level of their effectiveness in restoring health. This will help to know the appropriate dosage to be prescribed for the sick, the expiring date and the possible interaction with other drugs. The lack of this knowledge is the bane of the traditional medical practice. And this has adverse effects on the health of the people.

Again, the healthcare arrangement in the Igbo states will receive a boost when there is improvement in quality of education. Part of the aims of the education will be to discourage superstition. The traditional Igbo medicine man uses superstition in the administration of traditional medicine. He believes that some sicknesses are caused by spiritual forces or human agents. To restore health, he applies both spiritual and natural methods. Theophilus Okere, in his praise of the African medicine men in the provision of good health, says that “part of their own success is their power to see in a given illness many more forces at work in the patient than germs or microbes. Or it may be simply due to their reliance on a cosmology populated with a multitude of micro and macro forces, visible and invisible, natural, preter-natural, and supernatural, creating a disease aetiology more credible and effective because more comprehensive than western medical practice” (Okere, 2005). This view favours the use of superstition in medical practice. Arinze does not believe that it is necessary to bring in superstition in healthcare service. The traditional medicine can be as effective as western orthodox medicine. This fact is not observed by many. According to Arinze “The Igbo, and most Africans, surround the simplest medicines with a thick religious and superstitious overcoat which prevents from seeing the interior thing from working” (Arinze, 2008).

Indeed, there are some reasons why superstition should be removed in healthcare administration in Igbo states:

1. To believe that someone is the cause of another’s illness is a superstitious belief. It is unverifiable. And because it is not verifiable, it has turned many individuals and families apart. It has generated bad blood that has led to loss of money and deterioration of health of the accused and their accusers.
2. African leaves and plants contain natural curative elements. Superstition does not add anything to their effectiveness.
3. The South eastern states of Nigeria are populated by Christians. A good number of them will not patronize the traditional medicine if it is administered under superstitious circumstances. They will reject it even if the University studies and research findings have confirmed its effectiveness in the provision of good health. Such rejection will inevitably affect adversely the income of the researchers and discourage them from making further researches.
4. The administration of scientifically confirmed and approved traditional medicine can be allowed in the orthodox western hospitals if it is not

surrounded with superstition. When this happens, the traditional medicine will become much more available and acceptable to many for it will inspire confidence as a better alternative to western medicine in the treatment of tropical illness.

So, effective education of the citizens is paramount and imperative in order to eradicate superstition which hamstrings the appreciation of traditional medicine and scuttle the economic growth of the Igbo states.

Besides, proper education of the citizens will make them take personal hygiene seriously and eat balanced diet. As Bertrand Russell says, "Ignorant adults are unteachable; on such matters as hygiene or diet, for example, they are totally incapable of believing what science has to say" (Russell, 1976). However, proper education will convince them otherwise. It will make them appreciate personal hygiene and eat nutritious meals that improve their health condition.

Conclusion

The inextricable connection between health and economic growth can easily escape the attention of government. Governors often channel their resources towards building of roads, providing water and electricity etc. These are important factors that enhance economic growth. However, the governors now and again complain of lack of sufficient fund to provide these utilities. Now if the people are healthy, they will generate more money and by so doing increase their income. The government's revenue in turn will improve significantly through tax collection. The whole arrangement is cyclic in nature. But first, the government should initiate the movement by working proactively for the improvement of the health conditions of the citizens.

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