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Medical Tourism: Globalization of Socio-Cultural and Economic Development in Nigeria

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ABSTRACT

This study on medical tourism focuses on the globalization of socio-cultural and economic development in Nigeria. Medical tourism is an organized journey across natural healthcare jurisdictions for the enhancement or restoration of an individual's health through medical intervention. A sample of 294 was determined using the Taro Yamene's formula from a population of 1110 medical staff of the organizations that served as referral Centres including the Federal Medical Centre Abuja Nigeria. Descriptive Statistics technique and multiple regressions were used for the data analysis at a 5% significant level. The study concluded that socio-cultural and economic development have a significant effect on medical tourism in Nigeria. The culture of Nigerians desiring anything foreign is also a contributory factor to the mass emigration of Nigerians for medical treatment abroad. The study recommended that the government should improve internet dimensions to create a new healthcare environment where patients can access large volumes of medical information, advice, and support to reduce medical tourism.

Keywords: *Medical Tourism, Internet, Economies, Integration*

1. INTRODUCTION

Medical tourism is a fast-growing and lucrative industry within the developed and developing countries of the world. Its growth has been linked to economic development and acceptance of health services as a market commodity (Lunt *et al*., 2011). Carrera and Bridges (2006) described medical tourism as 'the organized travel outside one's natural healthcare jurisdiction for the enhancement or restoration of the individual's health through medical intervention'. This definition of medical tourism often excludes those travelling because of bilateral agreements between countries, those who require emergency medical

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treatment due to ill health while vacationing in another country, and long-term residents in a foreign country (Lunt *et al.*, 2011).

The practice of medical tourism dates back thousands of years ago. In ancient times, thousands flocked to the Greek healing temples dedicated to the Greek gods Asclepius, Delphi, and Zeus (Li and Cui, 2014). From the 14th to the 19th century, many journeyed long distances to visit spas, which had healing springs purported to cure several types of ailments (Connell 2015). During the 20th century, people from developing countries travelled to developed countries to obtain healthcare unavailable in their own countries. This gradually gives way to the 21st Century trend where individuals from developed nations travel to developing nations to access healthcare (Lunt *et al.*, 2011). This latest trend is brought about by a variety of factors in the individual's home country (source country) which include high treatment costs, long waiting lists for procedures, unavailability, illegality, or lack of insurance for the health service/procedure, desire for privacy, desire to combine medical treatment with luxurious vacationing (Leahy 2008). Medical tourism is made even easier by increasing access to high-speed air travel, fast cross-border communication via the Internet, global medical tourism facilitating firms, and increased investment in the private healthcare industry in destination countries (Johnston *et al*., 2010).

The tools of globalization have played a crucial role that has increased the scope of obtaining healthcare abroad, thus, the selection of destination includes individual's preferences varying from lower cost, rapid access to, safe and high-quality healthcare services in host countries, ability to afford, accessibility, more specialized service available, flexible rules and regulations for medical tourists, and digitized patients records among others. Such medically transnational mobility of patients takes various routes, for example, many low and middle-income developing nations of the global south, such as India, Thailand, Mexico, Brazil, and Malaysia. These countries have created advanced medical infrastructures that attract medical tourists from developing countries concerning costs, variety, and quality of health services. Westerners have also travelled to global South countries for procedures such as dental care, cosmetic procedures, assisted reproduction, and sperm cell therapy that may not be available in their home country or may have been covered by their public or private health insurance providers (Horowitz, 2007).

2 Medical Tourism

In this era of globalized medical services, where international travel and access to online health information are readily accessible, medical tourism is an issue for national healthcare systems and a global health perspective (Hall, 2011). Patients exercise increasing degrees of autonomy over their healthcare options by obtaining information from sources other than their regular healthcare providers and, in some cases, by electing to pursue care alternatives outside their domestic medical system. Medical tourism is the broad practice of

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travelling to another country to obtain healthcare in elective surgery, dental treatment, reproductive treatment, organ transplantation, and medical checkups.

Medical tourism is distinguished from care sought for individual motivations for engaging in medical tourism that vary widely and may include imperatives such as avoiding wait times, reducing costs, improving quality, and accessing treatments not available or legal in the home jurisdiction, or for which the individual is not eligible (Crooks *et al.*, 2018). While medical tourism is far from new, shifting patient flow patterns and a growing recognition of the complex ethical, social, economic, and political issues raised are underscoring renewed efforts to understand this phenomenon and its future (Connell, 2015). Some current attention on medical tourism concerns its implications and potential risks for individual patients and healthcare systems (Lunt *et al.,* 2013).

Among the motivations for medical tourism are lower cost, avoidance of long waits, legal or cultural restrictions at home, privacy and opportunity to recover away from home, incentives offered by employers or insurers, and interest in combining an exotic vacation with a medical procedure (Chiu *et al.*, 2014). Some methods include dental work, arthroplasty, cataract, bariatric, cosmetic, cardiac surgery, reproductive care, and tissue and organ transplant. Problems associated with medical tourism have become evident and range from lack of regulation, complications, and poor outcomes, exploitation of donors and surrogates, diversion of skilled specialists to hospitals serving foreigners, and fragmented follow-up care (Bauer, 2017).

Receiving safe and quality care is a primary issue for consumers considering outbound medical tourism as a treatment option (Krupa, 2012). Increasing international acceptance of many private healthcare institutions of these developing nations is no doubt reassuring their consumers regarding professional competence, patient safety, and quality of healthcare at lower cost. Several organizations have ensured medical tourism facilities provide the highest quality clinical care (Hall, 2011). Such international accreditation to hospitals helps consumers to make informed decisions based on the maintenance of standards, medical ethics, and quality; it gives a level of confidence to consumers that the services they will receive are comparable to those available in the global environment (Efua *et al.,* 2021).

The provision of niche medical services is another important driver of medical tourism. Patients in need of specialized treatment are more likely to visit a destination that is well-known for that specialty. For example, Thailand has established a niche in cosmetic surgery and dental procedures; Indian hospitals specialize in hip resurfacing technology and robot-assisted joint replacement, but these are less invasive procedures with quicker rehabilitation time. Patients often travel to medical tourism destinations for stem cell therapy unattainable by many patients in industrialized nations (Ibrahim *et al.,* 2020).

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Some traditional means of healing systems such as Ayurveda, Sidha, Kairali, Acupuncture, Yoga, and Naturopathy are localized specialties of some destinations. They draw a volume of international patients across the globe. Besides, these medical tourism destinations provide privacy and confidentiality for patients undergoing plastic surgery, sex reassignment, and drug rehabilitation, which is not possible in industrialized nations (Horowitz, 2007).

Developing countries have improved the quality of medical professionals, technologies and facilities. Medical professionals in the developing world increasingly meet Western standards. Many countries adapt their medical curricula to North American and Western European standards that are offered in English to negotiate a higher level of recognition worldwide (Krupa, 2012). Nigerian experience with the process can be analyzed in three major distinctive dimensions as follows:

2.1 Internet Dimension

The internet has changed the way people deal with health issues. E-patients are creating a new healthcare environment where empowered patients can access a large volume of medical information, advice, and support online and partner with their doctors in making healthcare decisions for themselves and their loved ones (Crooks *et al*., 2018 in Obialor et al, 2022). Service providers have also become increasingly active in advertising medical tourism online. A simple internet search for medical tourism and its related terms yields millions of results that include hundreds of websites of hospitals, clinics, travel agents, medical tourism brokers, and many other sites trying to entice the international patient's market in just a second (Crooks *et al*., 2018).

Most sites advertise the treatment they offer, their success rates, the technologies they use, the number of physicians they employ, those who were trained or board-certified in Western countries, and the ratio of registered nurses to each foreign patient. Not only this, but they also either list the prices they charge or provide free quotes on request, bringing unprecedented price transparency to the health service industry. Email communication and electronic processing of bookings have also significantly reduced the run-up time for medical procedures abroad (ESCAP, 2009 in Efua *et al*., 2021).

2.2 Socio-economic Dimension

West African experience economically can be traced to the 15th Century age of European exploration, when European sailors sailed across different parts of the world in search of spices, ornaments, and gold to feed their economies. The beginning of the West African experience was the beginning of trade relations between West African kingdoms, empires and European explorers, where West African Kingdoms sold raw materials and

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food crops in exchange for European goods. This trade later culminated in the beginning of the Trans-Atlantic slave trade with the Europeans (Bauer, 2017).

Following the post-independence era, with the 20th Century political and market liberalism and the revolution in the communication technology industry, economic development in Nigeria took a radical dimension, ushering in an era of foreign aid and foreign direct investments, enhancing rapid increase in cross-border relations, importing and exporting, improving market integration, and technology transfer. All these developments naturally set a new phase of economic progress (Chiu *et al.*, 2014). Economic globalization integrates States with the rest of the world, leading to a borderless market where the transfer of goods and services is done without any hindrance (Kunder *et al*., 2020).

Horowitz *et al.* (2007), Lunt *et al.* (2013), Hanefield *et al*. (2014), and Wiru *et al.* (2017) observed that globalization has a prospect to increase medical tourism by 38.6% in Nigeria. Chiu *et al*. (2014) examined the perception and efficiency of short-term medical aid missions among health professionals, they found that socio-cultural development was a significant factor that affected medical tourism and accounted for 52.3% of the migration of patients.

2.3 Socio-Cultural Dimension

This dwells on the social and cultural integration of global societies, as the world is experiencing an unprecedented integration of culture. African traditional and cultural values are replaced with global cultural values. Scott and Marshall (2005), cited in Hanefield *et al.* (2014), argue that global culture brought a variety of social and cultural developments, which include the existence of the World satellite information system and the emergence of global patterns of consumption and consumerism. The cultivation of cosmopolitan lifestyles, the emergence of global sports such as the Olympic games, the spread of world tourism, the decline of the sovereignty of the nation-state, the growth of the global military system, the recognition of a worldwide ecological crisis, the development of worldwide health problems and programmes such as HIV/AIDS, and medical tourism.

3. Medical Tourism in Three Economic Communities of West African States

3.1 Medical Tourism and the Nigerian Economy

Although medical tourism is a recent phenomenon, some countries have emerged as active players in the business, growing into a multi-billion-dollar industry (Crooks et al., 2018). People travelled from less-developed countries to seek healthcare in developed countries. In recent years, more people from developed countries have travelled to less-developed countries for medical treatment because of lower cost considerations (Kaminta, 2018), a shorter treatment period, improved technology and standard healthcare.

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Medical tourism occurs when people travel across international boundaries for their healthcare and health needs. According to Kunder et al. (2020), medical tourism is an attempt to attract tourists by deliberately promoting its healthcare services, facilities and the regular tourist amenities available in that country. The development and the mono-cultural nature of the Nigerian economy leaves no one in doubt about the need to develop and sustain our medical tourism industry. As part of efforts to develop medical tourism in Nigeria, the Cross River State government and a consortium of Colorado (USA) based hospital development experts led by OMMA Healthcare agreed to build a world-class state-of-the-art hospital in Calabar (Hanefield et al., 2014).

Globally, medical tourism has contributed immensely to the growth and development of the healthcare system because it attracts people, thereby adding value to the countries involved. Although the healthcare system is a blend of public and private players, the recent mass exodus of Nigerians abroad for treatment is worrisome (Ibrahim et al., 2020). Nigerians spent billions of dollars on foreign medical trips for various illnesses in different countries abroad, which could have been on the development of the healthcare system, which in turn would have had a multiplier effect on the economy.

An acceptable index for measuring medical tourism is usually in terms of international arrivals and receipts over the past years. Global medical tourism has expanded at an average of 7% in arrivals and 12% in receipts, a growth record unmatched by any other economic sector (Omotosho, 2010 quoted in Efua et al., 2021). The impact of medical tourism is the income and wealth it creates for the people and the nations we travel to while destroying Nigeria's economic development (Kaminta, 2018). Again, it is gratifying to note that the percentage of jobs that depend directly or indirectly on medical tourism demands is between 5 and 7%. Another economic impact of tourism is that it increases foreign exchange earnings to provide the investment necessary to finance the economy while rectifying our balance of payment deficit (Chiu et al., 2014).

Medical tourism in Nigeria and the under-development of the health system contribute to brain drain. Nigeria is a health staff-exporting country in Africa, and this has affected the development of the healthcare system negatively due to the shortage of healthcare providers in the system. According to Connell (2015), many healthcare providers in Nigeria have left for greener pastures abroad. Incidentally, some of the best doctors in the world who have made remarkable contributions to medicine are Nigerians (Li and Cui, 2014).

Another underlying factor causing medical tourism among Nigerians is the problem of underfunding of the health system. Despite Nigeria's strategic position as the giant of Africa and her position in the League of Nations globally, she is still under-served in healthcare compared to other sectors (Asangansi and Shaguy, 2011 cited in Bauer, 2017).

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Health facilities, health professionals and medical equipment are grossly inadequate, and where policies are in place to address the issues, they are non-implemented.

In addition, there is the problem of dilapidated structures and obsolete medical equipment. Despite the high number of available medical institutions in Nigeria, Nigeria still records below-average health statistics because of the inability to provide quality healthcare due to inadequate basic infrastructure and obsolete medical equipment. Many hospitals, especially government-owned hospitals in Nigeria, are in bad shape (Chiu et al., 2014). In Nigeria, Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scans, and other modern diagnostic procedures are still an exclusive preserve of the rich (Ibrahim et al., 2020). For instance, during the first week of COVID-19 in Lagos and Abuja, there was no better-equipped hospital to be used as an isolation and testing centre until the border and Airports were closed. The government saw a need to install the equipment because there was no opportunity for medical tours. Some government-owned hospitals, for example, refer patients to private laboratories and diagnostic centers for laboratory examinations and investigations (Efua et al., 2021).

Furthermore, industrial action witnessed in the system in recent years is another major problem causing a mass exodus of Nigerians abroad for medical treatment. It contributes to the country's poor health indices, which has brought untold hardship, suffering, and death to many families and patients across the federation. In recent years, the Nigerian health system has experienced numerous strike actions involving doctors, nurses, and allied healthcare workers about various demands and unhealthy rivalry among health professionals. It has negatively impacted the healthcare system, leading to several avoidable deaths, complications, and outgoing medical tourism as the wealthy seek health services abroad (Li and Cui, 2014).

According to Bruce (2016) quoted in Ibrahim et al. (2020), Nigerians have an insatiable appetite for anything foreign. While the wealthy prefer the United States or European markets for treatment, some go to the Middle Eastern and South African markets, while some prefer India. Out of over 5,000 people who fly out of Nigeria for medical treatment, most are politicians who were treated by Nigerian doctors abroad (Johnston et al., 2010). In 2016, the Nigerian President visited a London hospital for an ear infection. Reports also have it that many politicians in the country also go abroad for minor ailments like malaria on government expenses when there are competent hands that could treat malaria in Nigeria (Ibrahim et al., 2020).

The negative attitude of health professionals to patients and medical negligence among health professionals in the country is also alarming. Medical experts believe that adequate healthcare services such as diagnosis, treatment, and prevention of disease, injury, and other physical and mental impairments are essential negative attitudes occasioned by socio-economic conditions that determine the quality of healthcare delivery in a society

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(Dusen, 2018 cited in Kunder et al., 2020). Years of poor attitudinal problems in the public sector have further endangered the patients (Cohen, 2015). These have made many Nigerians, rather than seek adequate healthcare services in public health institutions, opt for alternative medical care and drive economic development (Crooks et al., 2018).

3.2 Medical Tourism and the Ghana Economy

In West Africa, Ghana has sought to improve medical centres to boost affordable healthcare delivery services to its citizenry and attract medical tourists. Dr. Felix Anyaa of Holy Trinity Medical Center (HTMC) in Accra wants the government to consider health tourism since Ghana has expertise in heart and spinal surgery (Kaminta, 2018). For instance, while it may cost over $100,000 in the USA for cardio surgery, it costs just about $10,000 in Ghana to have a similar surgery (IMTJ, 2017 quoted in Efua et al., 2021).

Ghana as a proposed medical tourism destination can boast of health facilities rendering quality services and packages to their patients. Mention can be made of the Korle-Bu Teaching Hospital touted to be the best health facility in the country and a main referral facility for patients with severe medical conditions from far and near. The 37 Military Hospital, the Police Hospital, and the Ridge Hospital all in Accra also serve as major referral points for patients within the country. Worth mentioning is also the Komfo Anokye Teaching Hospital (KATH) in Kumasi which serves as a major referral Centre for communities in the northern and middle belts of Ghana (Efua et al., 2021).

Medical tourism can also be viewed from the research perspective since facilities could also attract visiting researchers. The Nuguchi Memorial Institute is an example of a research institution contributing enormously to the development of medical research tourism in Ghana. It was established in 1979 as a gift from the Japanese government in memory of Dr. Hideyo Nuguchi, who succumbed to yellow fever in Ghana while researching the origins of the disease in 1928. The institute is a semi-autonomous research institute affiliated to the University of Ghana and has a clear mandate, part of which includes lending support to the Ministry of Health/Ghana Health Service in the control of diseases, especially in the area of laboratory support for outbreak investigations in the various parts of the country. The government of Ghana's attempt to build a Teaching Hospital for the University of Ghana will also in the long run boost medical tourism pursuits of the country (Abdurrhman and Kura, 2013).

The Navrongo Health Research Centre is also a research facility that contributes to the development of medical tourism and the research potential of the country. Not only does this hospital have one of the largest pediatric wards in the country with the greatest number of deliveries each year (1000-2000 per year), but it is particularly unique due to its decision to maintain a pediatric research centre that focuses largely on pediatric vaccination. The concept of vaccination of babies against the six childhood killer diseases and the use of

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treated mosquito bed nets, which is now patronized nationwide, was "engineered" by the research efforts of this centre as reported by Gundona Sylvester in 1999 (Dusen, 2018 quoted in Lunt et al., 2011).

2.1.5 Medical Tourism and the Ivory Coast Economy

Closer integration of the countries has played a crucial role in both the creation and perpetuation of medical tourism, especially through its powerful weapon, the Internet. It is a truly global platform to share information, advertisements, and medical information beyond the borders of nations. It has also brought improvement in quality standards with the establishment of a competitive benchmarking system and the sharing of some of the best clinical practices (Rutherfold, 2009 cited in Rai and Chakraborty, 2017). With about 4,510 physicians in Ivory Coast, there are about 0.16 doctors per 1000 inhabitants (Kaminta, 2018).

Medical facilities in Abidjan are of a reasonable standard but can be expensive. Emergency facilities are limited to a few major hospitals. Outside of Abidjan medical facilities are rudimentary. Ivory Coast's economic freedom score is 58.4% making its economy the 91st freest in the 2024 Index of Economic Freedom. Its rating has decreased by 2 points from last year, and Côte d'Ivoire is ranked 7th out of 47 countries in the Sub-Saharan Africa region. A high degree of caution applies in some areas due to the threat of violent crime and the risk of civil unrest (Kaminta, 2018).

2.2 THEORETICAL REVIEW

This study is anchored on the Anderson Theory of HealthCare Utilization. The theory is postulated by Anderson. The predisposing characteristics of the theory such as the social class of people, demographic factors, and personal belief in the benefits of health services are instrumental to individuals' choice of health facilities. According to Anderson (1968) cited in Ibrahim et al. (2020), the social classes to which an individual belongs and the personal beliefs of the beneficiaries of health services motivate individuals to seek medical help. Following this argument, the theory serves as a platform on which this study can be explained on the following premise:

(1) An individual's social status would determine if such an individual would be able to afford medical treatment abroad. It is assumed that people in the higher social status in Nigeria like politicians, government officials, and those in power would be able to afford medical treatment abroad while people in the lower stratum in Nigeria may not be able to afford such treatment.

(2) The fact that many healthcare facilities in Nigeria especially government-owned hospitals are in a deplorable state is enough to push patients abroad where they can

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get better healthcare for their treatment if they must get well. The place of personal belief would also determine the choice of healthcare utilization and whether people should seek medical help abroad. Owing to a loss of confidence in the system by Nigerians as a result of the negative attitude of health professionals, possibilities are that fear may set in, thus influencing the personal belief of many that the system would not be able to handle their health issue, thereby seeking healthcare abroad. The theory has been criticized for overemphasizing health needs at the expense of health beliefs and social structure and for not paying enough attention to culture and social interaction.

Medical tourism is fast becoming a culture among many Nigerians due to the deplorable state of the healthcare system in Nigeria. Every month, people leave the country in varying numbers for various forms of treatment abroad when such treatment should have been carried out in Nigeria (Kaminta, 2018). Billions of dollars are lost to medical tourism yearly in Nigeria which could have been invested in the development of the country's healthcare system and the country as a whole. On the whole, overseas medical treatment is likely to cause capital flight, unemployment, under-capacity utilization of the medical personnel of the citizens, and a national currency depreciation (Efua et al., 2021).

The specific objectives of this study are to:

1. Ascertain the relationship between the Internet and medical tourism in Nigeria.
2. Assess the effect of the relationship between socio-economic development and medical tourism in Nigeria.
3. Examine the correlation between socio-cultural development and medical tourism in Nigeria.

Research Hypotheses

$H0_1$: There is no significant relationship between the Internet and medical tourism in Nigeria.

$H0_2$: Socio-economic development has no significant relationship with medical tourism in Nigeria.

$H0_3$: Socio-cultural development has no significant correlation with medical tourism in Nigeria.

2. METHOD

The ex-post facto design was adopted in this study. The population comprises all the medical staff in organizations that served as referral centres including the Federal Medical Centre Abuja, Nigeria. A sample size of 294 was randomly selected to administer a structured questionnaire. However, data were obtained from primary and secondary sources, which include the

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publications of Ministries of Health. Descriptive Statistics technique and correlation analysis techniques were used for data analysis at a 5% level of significance.

3. RESULTS AND DISCUSSION

Paired Correlations

Table .1

Model	Variables	Correlation Coefficient	Std Error of Estimate
1	Internet and Medical Tourism in Nigeria	0.543	1.0048

Table 2

Model	Variables	Correlation Coefficient	Std Error of Estimate
1	Economy and Medical Tourism in Nigeria	0.602	1.0596

Table 3

Model	Variables	Correlation Coefficient	Std Error of Estimate
1	Socio-culture and Medical Tourism in Nigeria	0.598	1.0466

Table 1 shows the paired correlation between the Internet and medical tourism. From the table, the correlation coefficient of r = 0.543 is observed, which has a corresponding coefficient of determination of $r^2 = 0.2948$. A coefficient of determination of 0.2948 (29.48%) depicts that 29.48% variability in medical tourism can be explained by changes in the Internet. The coefficient of non-determination ($1– r^2$) is 70.52%, which suggests that 70.52% of variations in medical tourism are not accounted for by the Internet. Such variability could be attributed to extraneous factors not captured in the study. The standard error of estimate $\propto = 1.0048$, which is negligible relative to the critical alpha value of 5.000 for a sample size greater than 30. Hence, Johnston *et al*. (2010) argued that medical tourism is made even easier by increasing access to high-speed air travel, fast cross-border communication via the Internet, global medical tourism facilitating firms, and increased investment in the private healthcare industry in destination countries. Li and Cui (2014),

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Connell (2015), Bauer (2017), Kaminta (2018), and Crooks *et al.* (2018) also observed that the Internet ranked 24.6% account of medical tourism in Nigeria.

A similar significant positive relationship is observed between economy and medical tourism: r = 0.602. The determination coefficient in this case is 0.3624 (or 36.24%, suggesting that socio-economic development can account for 36.24% changes in medical tourism. This collaborates with the assertion that tourism increases foreign exchange earnings to provide the investment necessary to finance the economy while rectifying our balance of payment deficit (Chiu et al., 2014). Obialor and Effiom (2023) also argue economic globalization increases economic interdependence and integrates national economies into one global economy.

Also, socio-cultural development correlates with medical tourism with r = 0.598. The standard error of the estimate is 1.0466 which is insignificant at the 5% level. The coefficient of determination is 0.3576 which means that; while the model accounts for 35.76% variations in medical tourism, 64.24% variations in the dependent variable are not explained by the model. Chiu *et al*. (2014) found that socio-cultural development was a significant factor that affected medical tourism and accounted for 52.3% of the migration of patients.

4. CONCLUSION AND RECOMMENDATIONS

The economic relevance of tourism has been the subject of considerable debate. The study focuses on the relationship between the economy and medical tourism in Nigeria by reviewing medical tourism. The tourism sector has witnessed phenomenal growth. The study also shows that medical tourism growth is a veritable tool of economic development which Nigeria as a country lack. Results of the tested hypotheses show that economy and socio-culture have a significant relationship with medical tourism in Nigeria. The study also concluded that socio-economy has a significant correlation with medical tourism in Nigeria.

The study made the following recommendations:

1. The government should improve internet dimensions to create a new healthcare environment where E-patients can access large amounts of medical information, advice, and support online to reduce medical tourism.
2. The government should improve socio-economic development to increase economic interdependence and integration of all national economies into one global economy.
3. Government should enhance socio-cultural development to serve as a force and a critical tool for cultural homogeneity and end to cultural diversity in the world, as the cultural and linguistic differences accompany ethnic divisions in Africa.

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