

INCLUSIVE GROWTH MISMATCH, GOVERNANCE, AND ECONOMIC CRISES: THE CHURCH'S ROLE IN NIGERIA'S ECONOMIC RECOVERY

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Abstract

Despite recorded economic growth, Nigeria's development has lacked inclusivity, failing to benefit the poor and vulnerable. Government policies have historically prioritised Gross Domestic Product (GDP) growth over the wellbeing of the citizens and equitable allocation of resources, leaving ordinary citizens behind. Consequently, severe socio-economic challenges persist across the country, characterised by widespread poverty, rising unemployment, high illiteracy rates with millions of out-of-school children, and inadequate healthcare services. These compounding hardships have fuelled public frustration, culminating in increased protests, social unrest, and political instability. Scholarly literature suggests that fostering truly inclusive growth requires strategic investments in human capital and infrastructure—specifically education, healthcare, and job creation. In Nigeria, the Catholic Mission has emerged as a vital contributor to this development process. Through extensive institutional investments, the Church operates schools and medical facilities that significantly expand access to essential services for millions of citizens. Beyond direct welfare provision, its social and employment initiatives combat joblessness and poverty. Furthermore, the Church's active advocacy for good governance, accountability, and social justice plays a critical role in promoting public policy transparency and the overall transformation of society, beginning with holistic formation. Moreover, the Church argues that when good morals, quality education, and proper healthcare are integrated, they foster a balanced, healthy, and productive economy. This paper, therefore, examines the contributions of both the Nigerian government and the Catholic Church to inclusive growth, particularly in the healthcare and education sectors. Using quantitative methods, the study analyses available data to assess their respective impacts. The paper is also anchored in neo-classical endogenous growth theory, which emphasises that sustainable economic growth is driven by internal factors, such as investment in human capital, particularly education and health.

Keywords: Inclusive growth, Governance, Healthcare, Education, Policy

Introduction

Scholars hold differing views regarding the extent to which government should participate in economic activities (Ezekiel & Oseni, 2015). Nevertheless, there is broad agreement that the government has a fundamental responsibility to create an enabling environment that promotes inclusive growth. Such responsibilities include the provision of basic infrastructure, investment in education and healthcare, and the formulation of policies that ensure both the benefits of economic growth and participation in the growth process are equitably distributed across all sectors of society (Ezekiel & Oseni, 2015). However, growing concern over persistent socio-economic and political challenges in Nigeria suggests that government efforts in these areas

have not been fully effective. Rising levels of poverty, unemployment, illiteracy, mortality rates, corruption, policy failures, electoral irregularities, and weak adherence to the rule of law point to significant governance shortcomings (Folawewo & Adedokun, 2017; Mesagan & Dauda, 2016; Moyib et al., 2017). These challenges have contributed to recurring economic mismatch, crises, social unrest, and regional agitations across the country.

Consequently, the need for policies and programmes that genuinely promote inclusive growth and benefit all sectors of the economy has become increasingly urgent (Moyib et al., 2017; Ogujiuba & Alehile, 2011; WHO & ILO, 2010). In response to these challenges, both public and private institutions in Nigeria have intensified efforts to support inclusive development and social stability. Among these actors, the Church has continued to play a significant role through its mission activities, particularly in education, healthcare, social welfare, and advocacy for justice and human dignity. Through these contributions, the Church has increasingly become a beacon of hope and a source of social and economic support within Nigerian society (Lay Reader's Book Reviews, 2018; Catholicsensibility, 2006).

Statement of the Problem

The impressive economic growth recorded in many emerging economies has generated significant debate, particularly because this growth has not always translated into corresponding improvements in population welfare. This has created a paradox in which countries may experience high rates of Gross Domestic Product (GDP) growth while still facing widespread unemployment, poverty, illiteracy, and high mortality rates. In many cases, economic expansion has failed to produce inclusive development that benefits the majority of citizens.

Nigeria presents a clear example of this contradiction. Over the past decades, the Nigerian economy has recorded an average annual growth rate of about 7.4%, making it one of the fastest-growing economies in Africa and ranking among the world's largest economies. Despite this remarkable growth, the country continues to experience severe socio-economic challenges. A significant proportion of Nigerians still live below the poverty line, while unemployment, poor healthcare, and limited access to quality education remain persistent concerns.

Rather than serving as a catalyst for broad-based development and social transformation, Nigeria's economic growth has often been described as growth without inclusion. Scholars have argued that the country's abundant natural and economic resources, rather than becoming a source of collective prosperity, have, in many ways, contributed to inequality, frustration, and underdevelopment (Frankel, 2012; Sachs, 2004; Stiglitz et al., 2013). Consequently, Nigeria has frequently been characterised by international observers as a nation experiencing "poverty amid plenty" and facing the "challenge of growth with inclusion" (Samans et al., 2015). These realities suggest that economic growth alone is insufficient for sustainable national development. Rather, growth must be inclusive, people-centred, and capable of improving the living standards of all citizens through equitable access to opportunities, healthcare, education, employment, and social welfare.

According to the IMF (2018), economic growth in Nigeria has not consistently been inclusive, as its benefits have not been evenly distributed across all segments of society and have not adequately addressed broader socio-economic challenges. The emerging literature on inclusive growth in Nigeria suggests that the country's long-standing challenges with corruption and

weak leadership have significantly constrained the design and implementation of effective policies to ensure that economic progress translates into broad-based welfare improvements (Folawewo & Adedokun, 2017; Kolawole, 2016; Oluseye & Gabriel, 2017). As a result, large sections of the population, particularly the poor and vulnerable, have remained excluded from the gains of national development.

In many cases, the workforce and communities across different regions bear the negative consequences of the gap between strong GDP performance and limited improvements in living standards (Nwankwo, 2020). Despite positive macroeconomic growth indicators, the lived experiences of many citizens reflect persistent hardship and inequality. A particularly concerning issue is that key sectors such as healthcare and education—widely recognised as essential drivers of inclusive growth—appear to have been relatively neglected in policy priorities and implementation (Nwankwo, 2020). This neglect has undermined the potential of human capital development to advance economic inclusion. Evidence in the literature shows a strong positive relationship between investments in health and education and improvements in inclusive growth outcomes, particularly in reducing unemployment and poverty and enhancing productivity (Ali & Son, 2007, 2007; Kakwani & Pernia, 2000; Ranieri & Ramos, 2013a). However, in Nigeria, this potential has not been fully realised, representing a significant missed opportunity for fostering a more equitable and prosperous society.

The motivation for this study is rooted in my experience as a community worker in Nigeria, where I have observed firsthand the consequences of policy failures and unsustainable development strategies that disproportionately affect the poor. In particular, I have seen how such policies have been unable to lift the workforce and wider population out of poverty or provide adequate pathways for improvement through access to quality healthcare and education. As a result, many regions appear to have been marginalised in both development outcomes and participation in the growth process. This has contributed to persistent deprivation in well-being, including limited access to basic services, widespread poverty and illiteracy, low life expectancy, and continued violations of social, political, and human rights.

These conditions have, in turn, fuelled broader socio-economic instability, manifested in rising economic crises, increased social agitations, criminal activity, armed conflicts, and kidnappings in various parts of the country. The severity of these challenges has, in some cases, exceeded the capacity of government alone to manage them effectively, thereby attracting the attention and intervention of international organisations, the private sector, and faith-based institutions, particularly the Church. Against this backdrop, the central question guiding this study is: to what extent has the Church, through its mission and social engagement, contributed to Nigeria's recovery and stabilisation in the face of these ongoing crises?

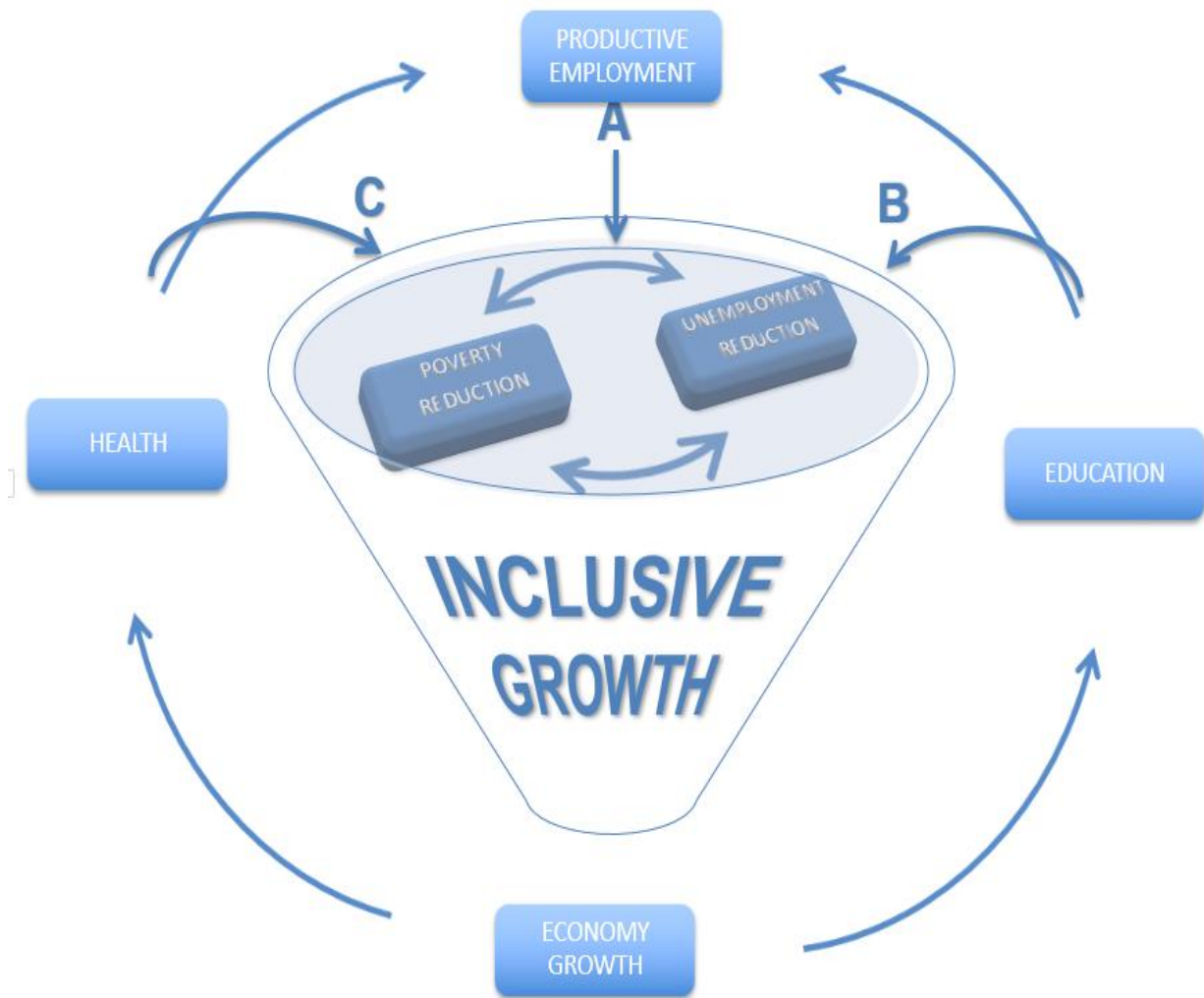
Available data suggest that, alongside government efforts, the Catholic Church has been actively contributing to economic revitalisation through various initiatives, particularly the establishment of schools and healthcare facilities. In light of this, the study seeks to examine the respective roles of the government and the Church in healthcare and education, with a view to assessing their overall effectiveness and impact. To the best of my knowledge, this research is among the first to adopt a holistic, quantitative approach to evaluating and comparing the contributions of the Church and the government to economic recovery in Nigeria, particularly through investments in health and education.

Interconnections Among Inclusive Growth, Governance and Economic Crises in Nigeria

One of the key recommendations in the literature on inclusive growth is that economic expansion should be accompanied by equity of opportunity and should benefit all income groups, including the rich, middle class, poor, and near-poor (Berg & Ostry, 2017; Campbell, 2017). Accordingly, inclusive growth is understood not only as an outcome but also as a process that ensures both participation in economic activity and equitable sharing of its benefits (AfDB, 2013; Ali & Zhuang, 2007; Ranieri & Ramos, 2013b; Rauniyar & Kanbur, 2010).

While it is widely acknowledged that the monetary gains from economic growth cannot be distributed equally among all individuals, these benefits can be channelled into critical public services such as healthcare and education. Through such investments, all segments of society are given relatively equal opportunities to improve their capabilities and well-being. Access to quality education and adequate healthcare enhances productivity and employability, thereby increasing the likelihood of gainful employment and sustainable livelihoods.

In this way, inclusive growth is strengthened by converting aggregate economic gains into broad-based human development outcomes, particularly through investments in human capital. This, in turn, has strong potential to reduce poverty and improve overall living standards. The conceptual framework illustrating this relationship is presented in the diagram below:



Source: Nwankwo (2020)

This framework illustrates how access to healthcare and education—whether considered individually or as interconnected components of human capital development—can influence inclusive growth by reducing poverty and unemployment, ultimately contributing to overall economic growth (Ekperiware et al., 2017). The directional arrows in the model represent the channels through which resource allocation, guided by effective governance, flows into the education and health sectors, shaping key indicators of inclusive growth.

The model operates as a dynamic system with bidirectional relationships, moving both from inputs to outcomes and from outcomes back to policy inputs. It also incorporates multiple feedback loops, enabling adaptation across policy levels to address the structural drivers of exclusion and promote more inclusive development outcomes.

By applying this framework, policymakers are encouraged to strategically focus on key determinants of inclusive growth, particularly education and healthcare. Interventions directed at these intermediate determinants are expected to strengthen inclusive growth outcomes and, in turn, contribute to reducing socio-economic crises.

The model identifies three main entry points for promoting inclusion:

- B – Education: targeted where educational provision is weak, to complement healthcare interventions.
- C – Health: targeted where healthcare services are limited, to complement educational development.
- A – Productive employment: where both health and education are required to support labour market participation and productivity.

These entry strategies are context-dependent and can be applied based on prevailing development needs. However, the effective implementation of such integrated approaches has remained a persistent challenge for successive Nigerian governments, contributing to continued exclusion and the emergence of broader economic and social crises.

Theoretical Framework

It is important to note that the theoretical framework underpinning this paper is situated within Romer's (1986) neoclassical endogenous growth theory and is further reinforced by Cardinal Okpaleke's (2020) "catch them young and keep them for Christ" model. This study adopts these complementary perspectives to argue that early and sustained investment in health and education expands human capital development and ensures that the growth process becomes inclusive across all sectors of the economy. The "catch them young" approach emphasizes the importance of providing educational and health opportunities at the formative stages of life, thereby equipping individuals with the capabilities needed to participate productively in economic activities. One of the major strengths of this combined framework is that it enables the study to explain how disparities or improvements in access to opportunities such as education and healthcare can either widen exclusion or foster inclusive growth and long-term economic convergence.

Methodology

This study examines the respective contributions of government institutions and the Catholic Church to inclusive growth, with particular focus on the health and education sectors. Given Nigeria's large and diverse population, Anambra and Enugu States were selected as case studies to provide a representative lens for assessing sectoral impacts across different social groups and communities, thereby highlighting the country's overall picture.

In Anambra State, the Catholic presence is organised through four key ecclesiastical jurisdictions, called dioceses: the Archdiocese of Onitsha, the Diocese of Awka, the Diocese of Nnewi, the Diocese of Ekwulobia, and the Diocese of Agulueri. In Enugu State, the Catholic structure is represented by the Dioceses of Enugu, Nsukka, and Awgu. Collectively, these eight dioceses across the two states provide a structured institutional framework through which the study assesses how faith-based and public-sector interventions in health and education contribute to broader patterns of inclusive development in Nigeria.

The study is guided by the central research question: What impact has the Catholic Church had, through its mission to promote health and education, on the recovery from economic crises in Nigeria? In addressing this question, the study seeks to minimise methodological limitations

commonly identified in the existing literature, particularly endogeneity bias. To enhance the reliability and internal consistency of the findings, Cronbach's alpha is employed as a key measure of scale reliability within the analytical framework. The study adopts a quantitative research design to enable a systematic and empirical assessment, thereby supporting a more robust and comprehensive interpretation of the relationship under investigation.

Data were collected using structured questionnaires administered across the two selected states and eight dioceses. A non-probability sampling technique was adopted to guide respondent selection. The sample size was determined using a standard statistical approach that accounts for population size and an acceptable margin of error. However, respondent selection was also influenced by convenience sampling, based on the researcher's familiarity with the study areas.

Ethical considerations were strictly observed throughout the data collection process to ensure compliance with research standards. All data were subsequently analysed using the Statistical Package for the Social Sciences (SPSS), which facilitated descriptive and inferential statistical analysis of the collected responses.

Data Analysis

The study employed the arithmetic mean score to assess the impact of the Catholic Church's health and education programmes. This approach is consistent with established measurement practices recommended by academic developers and the National Council for Academic Accreditation and Assessment (NCAAA), and it is widely applied in the existing literature. For interpretation, mean scores were classified as follows: values of 3.6 and above indicate a high level of impact; scores ranging from 2.6 to less than 3.6 reflect a minimal impact; and values below 2.6 denote a low level of impact. In addition, descriptive statistical techniques were utilised to summarise and examine the dataset, enabling the identification of key patterns and trends. Such methods are commonly applied in social, behavioural, and managerial research to evaluate and rank the relative strength and fit of contributing factors (Gujarati & Porter, 2009).

Case Study

The study was conducted in Nigeria's South-East geopolitical zone, focusing on two states: Anambra and Enugu. Anambra State comprises five Catholic Dioceses: the Archdiocese of Onitsha, the Diocese of Awka, the Diocese of Nnewi, the Diocese of Ekwulobia, and the Diocese of Aguleri. The state had an estimated population of 5,599,916 as of 2021. Enugu State, with a 2021 population of 4,396,098, comprises three Catholic dioceses: the Diocese of Enugu, the Diocese of Nsukka, and the Diocese of Awgu ("List of Nigerian States by Population," 2023). The study adopted a total sample size of 140 respondents, with 18 participants drawn from each of the communities across the eight dioceses in the two states. This sample was considered sufficiently representative of the study population within the South-East region and appropriate for the objectives of the research.

Data Presentation, Analysis and Result Findings

The dataset contains 140 sample cases with 29 variables on health and educational deliveries.

Table I: Sample by Gender

Nature	Frequency	Percentage (%)
Male	49	35
Female	91	65
Total	140	100

Table I above shows that women constituted 65% of the study population, while men accounted for 33.5%. The higher representation of women may suggest a greater interest among them in accessing healthcare and education as pathways to productive employment, particularly in the public sector. In contrast, men may be more inclined toward opportunities in the private sector.

Table II: Sample by Age

Age	Frequency	Percentage (%)
<10	20	14.3
10 – 20	21	15.0
21 – 30	40	28.6
31 – 40	29	20.7
41 – 50	20	14.3
51 – 60	5	3.6
>60	5	3.6
Total	140	100

As shown in Table II, minors, who comprised more than 14.3% of the sample, were also included in the study. Their inclusion was intended to enable the research to examine educational delivery across all levels, from kindergarten to postgraduate education, as well as healthcare provision from primary to secondary care levels.

Table III: Sample by Education

Type	Frequency	Percentage (%)
Undergraduate	40	28.6
Graduate	60	42.8

Post graduate	40	28.6
Total	140	100

Table III indicates that the majority of respondents were graduates (42.8% of the sample), while the remaining 57.2% fell into other categories. The high level of participation suggests a strong willingness among respondents to provide informed perspectives on education and healthcare delivery.

Table IV: Sample by Employment

Sector	Frequency	Percentage (%)
Public	41	29.3
Private	49	35.0
Unemployed	50	35.7
Total	140	100

Table IV above shows that although 35.7% of respondents were still unemployed at the time of the study, other sectors, particularly the public sector, which accounts for 29.3%, reflect a significant improvement in employment outcomes. This represents progress over the earlier situation, which was characterized by a 20:1 employment ratio.

Table V: Government Contribution to Education

Items	Mean	Median	Std Dev
Not enough Govt School	2.74	2.00	1.562
Can't Afford	2.40	2.00	1.403
No interest	3.97	4.00	1.263
Not enough facilities	4.01	4.00	1.190
No motivation/incentive	3.89	4.00	1.296
No quality of service	4.00	4.00	1.217

The findings presented in Table V suggest that the government's impact on education in the states is generally limited. The results show that "not enough government schools" accounts

for 2.7%, while “cannot afford government school” accounts for 2.4%. These relatively low figures may indicate that access and affordability are not the primary constraints, suggesting that government schools are relatively available and financially accessible to many households.

However, other factors appear to have a more negative influence on educational outcomes. These include “lack of interest” (3.97%), “inadequate facilities” (4.01%), “absence of motivation/incentives” (3.89%), and “poor quality of service” (4.0%). Collectively, these findings point to significant challenges within the public education system, particularly in terms of infrastructure, service delivery, and learner engagement.

Overall, the results suggest that deficiencies in facilities and service quality may be reducing students’ motivation and willingness to attend government schools. This situation may contribute to comparatively poorer academic performance among students from public schools, as well as reduced employability outcomes when compared to their counterparts in private institutions.

Table VI: Catholic Mission Contribution on Education

Items	Mean	Median	Std Dev
Not enough Cath Mission School	1.79	2.00	.965
Can’t Afford	3.49	4.00	1.417
No interest	1.99	2.00	1.187
Not enough facilities	1.74	2.00	.957
No motivation/incentive	1.83	2.00	1.099
No quality of service	1.75	2.00	.945

Table VI above indicates that the Catholic Mission’s impact on education is statistically significant. All the items measured—including “not enough Catholic Mission schools,” “no interest,” “not enough facilities,” “no motivation/incentive,” and “no quality of service”—recorded relatively low scores of below 2.6%. In contrast, only one item, “can’t afford,” recorded a higher value of 3.49%.

This suggests that Catholic Mission schools are generally perceived to be adequately available, well-equipped, and capable of providing quality services that encourage interest and participation in education. However, affordability remains a key constraint for many individuals, indicating that while access and quality are largely satisfactory, financial barriers still limit broader enrolment.

Table VII: Government Contribution to Healthcare

Items	Mean	Median	Std Dev
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Not enough government hospitals	2.59	2.00	1.522
Can't Afford	2.39	2.00	1.452
No interest	4.01	4.00	1.190
Not enough facilities	4.10	4.00	1.075
No motivation/incentive	4.05	4.00	1.075
No quality of service	3.78	4.00	1.207

Table VII above presents findings on the government's contribution to healthcare. The results indicate that only two items —“not enough government hospitals” and “can't afford”— recorded relatively low scores of less than 2.6%, suggesting a comparatively positive outlook regarding the availability and affordability of public healthcare services.

However, the remaining factors, including “no interest,” “not enough facilities,” “no motivation/incentive,” and “no quality of service,” all recorded higher scores of above 3.6%, indicating a negative perception of service delivery within the public healthcare system.

Overall, the findings suggest that while government healthcare services may be considered accessible and relatively affordable, challenges such as inadequate facilities, poor service quality, and low user motivation significantly reduce public interest in utilising these services in the state.

Table VIII: Catholic Mission Contribution on Healthcare

Items	Mean	Median	Std Dev
Not enough Cath Mission hospital	2.00	2.00	1.151
Can't Afford	3.69	4.00	1.499
No interest	1.99	2.00	1.175
Not enough facilities	1.91	2.00	1.072
No motivation/incentive	1.92	2.00	1.145
No quality of service	1.81	2.00	1.072

Table VIII shows that five out of the six indicators assessing the Catholic Mission's impact on healthcare, namely “not enough Catholic Mission hospitals,” “no interest,” “not enough facilities,” “no motivation/incentive,” and “no quality of service”, recorded low scores of below

2.6%, suggesting a generally positive perception of mission healthcare services. In contrast, only one item, “can’t afford,” recorded a higher value of 3.69%, indicating a key area of concern.

Overall, the findings suggest that Catholic Mission healthcare facilities are perceived as adequately available, well-equipped, and capable of delivering quality services that serve the public interest and encourage utilisation. However, affordability remains a significant barrier, particularly for low-income individuals, limiting access to these otherwise well-regarded healthcare services.

Conclusion and Recommendations

This study, based on empirical evidence, demonstrates that Nigeria’s notable economic growth has not been inclusive across all sectors of the economy. It reveals that despite increases in GDP, insufficient attention has been paid to the overall welfare of the population, particularly in critical areas such as healthcare and education. Where such services exist, they are often inadequately functioning and therefore unable to support productive employment or contribute effectively to poverty reduction. This situation helps to explain the persistent levels of poverty and recurring social crises. The findings suggest that unless there is a deliberate shift in policy focus towards improving people's well-being, especially through accessible and effective healthcare and education, non-inclusive growth and economic instability are likely to continue. Furthermore, the study shows that government investment in these sectors remains limited and has not made a significant impact. In contrast, as indicated by the demographic data, the Catholic Mission has played a transformative role by establishing and sustaining systems of education—from kindergarten to tertiary level—and primary-to-secondary healthcare services, thereby providing a more enabling environment for human development. This is what Peter Ebere Cardinal Okpaleke calls “catch them young and keep them for Christ” in the church's mission.

Catch Them Young and Keep Them for Christ: The Church’s Pathway to Inclusive Growth and Economic Recovery in Nigeria

For Peter Ebere Cardinal Okpaleke, the idea of “catch them young and keep them for Christ” is a model aimed at the overall transformation of society, beginning with the holistic formation of children, who are the future. It starts by giving them a strong guiding principle rooted in Christ that shapes their values and prepares them to contribute positively to the renewal of wider society, including its moral and economic development.

Based on this idea, he holds that “catch them young and keep them for Christ” is a guiding principle, emphasising early Christian formation and lifelong discipleship. It expresses the Church’s mission to introduce children and young people to Christ at an early age and to continually nurture their faith so that they grow into mature, responsible, and committed Christians who positively influence society.

To “catch them young”, he explains, means to introduce children to the faith during their formative years, when they are most open and receptive. This involves teaching them prayer, Scripture, participation in the sacraments, and basic Christian moral values. Early exposure to the faith is important because it helps shape their conscience, character, and worldview, thereby laying a strong foundation for their future life decisions.

Furthermore, he proposed that “keep them for Christ” refers to the ongoing process of accompaniment and formation. It is widely recognised that faith is sustained through continued catechesis, active participation in parish life, youth ministry, and the presence of strong Christian role models within families and communities. As young people grow, they commonly face challenges such as peer pressure, secular influences, and moral confusion. In this context, the Church’s role, in line with this model, is to walk with them, guide them, and help them remain firmly rooted in Christ despite these pressures.

However, as part of this model and in line with the findings of this study, the mission of the Church in Nigeria extends beyond the teaching of morals alone to encompass other essential aspects of human wellbeing. In the spirit of “catch them young and keep them for Christ,” the Church also plays a vital role in supporting the holistic development of young people by contributing significantly to their healthcare and education, often complementing and in some cases surpassing governmental efforts. Through its schools, hospitals, clinics, and social services, the Church helps ensure that young people have access to quality education and good healthcare. This is important because education shaped by Christian values not only develops intellectual capacity but also fosters ethical awareness, discipline, and a strong sense of responsibility. Likewise, healthcare grounded in Christian compassion upholds human dignity and promotes care, respect, and reverence for life.

In this way, when good morals, quality education, and proper healthcare are integrated, they foster the formation of balanced, healthy, and productive individuals. Such individuals are better equipped to contribute positively to society, promote justice, and resist corruption and impunity. Consequently, they become agents of transformation within their communities, embodying values of honesty, integrity, compassion, and service.

In light of this, “catch them young and keep them for Christ” emerges not only as a spiritual mission but also as a broader social vision. It aims to form individuals who are spiritually grounded, intellectually developed, and physically well cared for. As a result, it contributes to the building of a more balanced, stable, and productive society in which human dignity is upheld and the common good is actively promoted.

Ultimately, therefore, this principle reflects the Church’s holistic mission: to form the whole person, spiritually, morally, intellectually, and socially, so that individuals may live fully in Christ and contribute meaningfully to the transformation of the world.

Recommendations

In conclusion, while this study underscores the significant and impactful contributions of the Catholic mission in Nigeria, particularly in education and healthcare, it also recognises the affordability challenge, which limits access for many. As is often acknowledged, quality services require substantial resources. In light of this, the study proposes a model of inclusive growth that would create a more level playing field, enabling broader access across all sectors and contributing to reducing poverty and social crises. Consequently, it recommends that the Catholic mission pay careful attention to affordability by exploring ways to reduce costs, including seeking subsidies or entering into partnerships with government and other stakeholders. Such measures would help ensure that the Church’s valuable services remain accessible to a wider population, thereby strengthening both its spiritual mission and its contribution to societal development.

References

- AfDB. (2013). *UNDP, 2015. African Economic Outlook 2015: Regional Development and Spatial Inclusion*. OECD. <http://dx.doi.org/10.1787/aeo-2015-en>
- Ali, I., & Son, H. H. (2007). Measuring inclusive growth. *Asian Development Review*, 24(1), Article 1.
- Ali, I., & Zhuang, J. (2007). *Inclusive growth toward a prosperous Asia: Policy implications* (97 Working Paper). Asian Development Bank.
<https://www.adb.org/sites/default/files/publication/28210/wp097.pdf>
- Berg, A. G., & Ostry, J. D. (2017). Inequality and unsustainable growth: Two sides of the same coin? *IMF Economic Review*, 65(4), Article 4.
- Campbell, O. A. (2017). Inclusive Growth and Sustainable Human Development in Nigeria. *Advances in Social Sciences Research Journal*, 4(7), Article 7.
<https://doi.org/10.14738/assrj.47.2913>
- CatholicSensibility. (2006, April 2). Gaudium et Spes 40. *Catholic Sensibility*.
<https://catholicSensibility.wordpress.com/2006/04/02/114399498396396148/>
- Dogmatic Constitution on the Church (Lumen Gentium)*. (n.d.). Retrieved August 8, 2023, from <https://www.ourladywarriors.org/teach/lumegent.htm>
- Ekperiware, M. C., Oladeji, S. I., & Yinusa, D. O. (2017). Dynamics of human capital formation and economic growth in Nigeria. *Journal of Global Research in Education and Social Science*, 10(3), Article 3.
- Ezekiel, O., & Oseni, E. (2015). Achieving inclusive economic growth and development in Nigeria through MSMEs. *Journal of Economic & Financial Studies*, 3, 30.
<https://doi.org/10.18533/jefs.v3i03.126>
- Folawewo, A. O., & Adedokun, A. J. (2017). Inclusive Growth and Distribution of Growth Opportunities in Nigeria. *Canadian Social Science*, 13(6), Article 6.
<https://doi.org/10.3968/9630>
- Frankel, J. A. (2012). *The Natural Resource Curse: A Survey of Diagnoses and Some Prescriptions*. John F. Kennedy School of Government, Harvard University.
<https://dash.harvard.edu/handle/1/8694932>
- Gujarati, D. N., & Porter, D. C. (2009). *Basic Econometrics*. McGraw-Hill.
- IMF. (2018). *World Economic Outlook Database October 2015*.
<http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx>
- Kakwani, N., & Pernia, E. M. (2000). What is pro-poor growth? *Asian Development Review*, 18(1), Article 1.

Kolawole, B. O. (2016). Government spending and inclusive-growth relationship in Nigeria: An empirical investigation. *Zagreb International Review of Economics and Business*, 19(2), Article 2.

Lay Reader's Book Reviews. <https://layreadersbookreviews.wordpress.com/2018/04/18/ad-gentes-on-the-mission-and-activity-of-the-church-vatican-2/>

List of Nigerian states by population. (2023). In *Wikipedia*.
https://en.wikipedia.org/w/index.php?title=List_of_Nigerian_states_by_population&oldid=1162990869

Mesagan, E. P., & Dauda, R. (2016). Does Education matter for inclusive Growth? The Nigerian Case. *Journal of Economics & Business Research*, 22(1), Article 1.
<https://web.a.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=20683537&AN=119215363&h=eNCH0x%2bpeJlIbtIFseJr2i4D%2fh%2bbUelBARfDzmUuo9xNgOie%2fltN11t8GPT8WePBuSSX38EtP7afgH4wApN40w%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d20683537%26AN%3d119215363>

Moyib, F. R., Ojo, S. O., & Ayodele, I. A. (2017). Incidence and Severity of Poverty among Oyan Lake Host Communities' Households in Ogun State, Nigeria. *Ghana Journal of Development Studies*, 14(2), Article 2.

Nwankwo, D. J. (2020). *AN ASSESSMENT OF INCLUSIVE GROWTH MECHANISMS IN NIGERIA: A CASE STUDY OF ORUMBA COMMUNITIES*. Anglia Ruskin.

Ogujiuba, K. K., & Alehile, S. (2011). Inclusive growth in Nigeria: Policy issues and options for poverty reduction. *International Journal of Social and Economic Research*, 1(1), Article 1.

Oluseye, I. C., & Gabriel, A. A. (2017). Determinants of Inclusive Growth in Nigeria: An ARDL Approach. *American Journal of Economics*, 7(3), 97–109.

Ranieri, R., & Ramos, R. A. (2013a). *After All, What is Inclusive Growth?* (188; p. 1). International Policy Centre for Inclusive Growth.

Ranieri, R., & Ramos, R. A. (2013b). Inclusive Growth: Building up a Concept. In *Working Papers* (104; Working Papers). International Policy Centre for Inclusive Growth.
<https://ideas.repec.org/p/ipc/wpaper/104.html>

Rauniyar, G., & Kanbur, R. (2010). Inclusive growth and inclusive development: A review and synthesis of Asian Development Bank literature. *Journal of the Asia Pacific Economy*, 15(4), Article 4.

Sachs, I. (2004). From Poverty Trap to Inclusive Development in LDCs. *Economic and Political Weekly*, 39(18), 1802–1811.

Samans, R., Blanke, J., Corrigan, G., & Drzeniek, M. (2015). *The inclusive growth and development report 2015*. World Economic Forum.
http://www3.weforum.org/docs/WEF_Forum_IncGrwth.pdf

Stiglitz, J. E., Lin, J. Y., & Patel, E. (2013). *The industrial policy revolution I: The role of government beyond ideology*. Springer.

WHO, U., & ILO, I. (2010). *CBR Guidelines for community based inclusive development*. WHO. https://www.light-for-the-world.org/sites/lfdw_org/files/download_files/cbr_summary_eng.pdf