

## **A Moral Appraisal of Euthanasia Beliefs and Practices in Urhoboland**

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### **ABSTRACT**

This article examines the moral dilemma of likely euthanasia practices in Urhoboland and uses the moral frameworks of prudential personalism, Ubuntuism, and the principles of nonmaleficence, beneficence, and autonomy to appraise the practices. The study employs historical and phenomenological approaches. It collected relevant data from community leaders, elders, and medical experts from five selected Urhobo kingdoms. The finding shows that euthanasia in all its forms is a practice that dehumanizes and destroys human dignity and does not promote African culture and humanism, even though some African communities still engage in euthanasia-like practices unknowingly. It also reveals that these behaviours are now declining considerably in most Urhobo and other African communities due to modernity, advanced healthcare systems, and sound religious teachings. It concludes that community and religious leaders should discourage fetish beliefs and traditions and promote the humanity of the vulnerable individuals in their communities.

**Keywords:** Moral, Ethics; Beliefs; Practices; Euthanasia; Religion; Urhobo; Culture; Ubuntu; Prudential personalism; Nigeria.

### **INTRODUCTION**

In most cultures of the world, euthanasia is seen as dehumanizing and undermines human dignity. Some Urhobo communities in Nigeria, like others in Africa, engage in methods and practices that are comparable to euthanasia ("mercy killing"), such as deliberately overfeeding and denying attention to undesired newborn babies such as albinos, severely defective and twin babies amongst others. Other likely euthanasia practices include isolating and denying older and terminally ill people care and medical attention, including allowing mentally ill persons to wander about. The aim for these actions is to "letting die" which is deemed to be passive euthanasia. However, Urhobo, like most other African tribes, does not publicly acknowledge either of these euthanasia-like practices. However, these likely euthanasia practices and behaviours might have been substantially reduced as a result of modernization, enlightenment, advanced healthcare systems, and modern religions in Urhoboland. Because of the challenges that are associated with any form of euthanasia, it is morally objectionable to engage in either active or passive euthanasia within the framework of Christian and African humanism.

When a person is denied his or her inherent right to exist, also known as the right to life, euthanasia becomes a transparent attempt to dehumanize and destroy the dignity of that individual (Onimhawo, 1999; Amzat, Kanmodi, Ismail, & Egbedina, 2023). However, significant progress has been made in the field of biomedical sciences in the areas of preventive and therapeutic drugs, which has contributed to the safeguarding of human dignity as well as the quality and longevity of human life, even though there are some disorders that continue to be fatal and chronic, which makes death a persistent problem in Africa (Bubeck, 2023). When examined through the lens of Christian and African humanism, the ethical problems that are involved with both active and passive euthanasia are undesirable and challengeable.

This article therefore examined the moral dilemma of likely euthanasia practices in Urhoboland and argued that some moral approaches can be helpful in addressing these practices. In this sense, the study used the moral frameworks of prudential personalism (rooted in Christian ethics), Ubuntuism (rooted in African morality), and the principles of nonmaleficence, beneficence, and autonomy (rooted in medical ethics) to appraise the euthanasia-like practices in Urhoboland. In this article, we argued that a greater number of people ought to be encouraged to accept the values that are common in African culture in order to bring about social transformation. This study sought to find fresh knowledge about euthanasia and the moral difficulties that it poses. This paper also endeavored to reconcile the actual act of euthanasia with the traditional beliefs of Africans while investigating the moral issues that are associated with euthanasia and to gain an understanding of the beliefs and practices of the Urhobo people that are likely to be associated with euthanasia. The major thesis of this treatise is the defense of human life and values, which ought to be protected notwithstanding any life circumstances or without any conditions attached. This research contributes to the literature in biomedicine, ethics, African studies, and philosophical theology by encouraging Urhobo and other Africans to explore their cultural roots and humanize the world.

The Urhobo, which is the focus of this study, is a large Nigerian ethnic group residing in the Delta State of Nigeria, primarily in the tropical Niger Delta region of the country. With an estimated population of over two million, they are the fifth-biggest ethnic group in Nigeria and the largest in Delta State combined (**Tonukari, 2003**). Their region is primarily made up of evergreen forests and oil palm trees, providing them with palm produce for technological preservation. The Urhobo people have distinct traditions and primarily rely on subsistence farming, fishing, and agricultural production. They have over twenty-two clans or kingdoms; among them are: Uvwie, Okparabe, Agbon, Arhavwarien, Avwraka, Ephron, Orogun, Agbarha-Ame, Agbarha-Otor, Ewvreni, Ughwerun, Idjerhe, Oghara, Ogor, Olomu, Okere-Urhobo, Okpe, Udu, Agbarho, Ughelli, Ughievwen, and Eghwu (*Angles, 2023*). These clans are located across ten local government councils in Delta State, Nigeria. Each of these kingdoms has its own distinct traditional political and administrative structure, headed by an *Ovie* (king) (Atake, 2019). Members of all the kingdoms have continued to preserve the common ancestral as well as cultural relationships with each other from time immemorial.

As a qualitative study, historical and phenomenological approaches were utilized for the data collection. These approaches consist of personal interviews conducted with traditional rulers, community leaders, elders, traditional and orthodox medical experts, traditional priests, and clergy who were randomly selected from five Urhobo kingdoms, namely Agbon, Orogun, Ughelli, Olomu, and Uvwie. In addition, the secondary sources used include published and unpublished books, journal articles, and internet-based resources.

## **EUTHANASIA IN PERSPECTIVES**

Euthanasia, derived from the Greek word "*eu-thanatos*" ("mercy killing"), is the intentional killing of a person suffering from an incurable or life-threatening illness out of compassion (Enyimba & Ojong, 2019). There are various types of euthanasia, including active, passive, voluntary, involuntary, and non-voluntary euthanasia. Active euthanasia requires physician participation, while passive euthanasia allows patients to die in their own interest due to an anticipated decline in quality of life. Involuntary euthanasia occurs when people around them cause the patient's death against their will or desire to live. Euthanasia is also based on financial and economic considerations, as sick people with brain damage or non-functioning organs are a burden on families and society (Enyimba & Ojong, 2019). Utility arguments argue that ending a patient's life when they are worthless or useless may be of greater benefit to themselves or others. According to Familusi (2017), euthanasia advocates base their case on mercy, moral or ethical arguments, and the right to self-determination and liberty. Legalization of euthanasia may be seen as mutual care, moral choice, providing people with the ability to choose their own treatment and act as arbiters of what is in their best interests. Historically, euthanasia has evolved over time, with ancient Greeks, Athenians, and other philosophers advocating for early death in cases of irreversible illnesses (Familusi, 2017). There are fundamental problems surrounding euthanasia, including whether it is synonymous with murder, medical workers' responsibility, and religious answers.

For Ekore and Lanre-Abass (2016), the end result of euthanasia is death. One cannot talk about euthanasia without discussing death. Death is an irreversible process where a person loses his or her existence as a specific individual. The term "death" originates from the Old English word *deao* and can be traced back to the Proto-Germanic word "*dauouz*" (DeGrazia, 2021). It has been a prominent concern in both religious traditions and philosophical studies, with beliefs in resurrection, reincarnation, or endless oblivion. After a person has passed away, memorial ceremonies consist of sorrow, funeral practices, and ceremonies that honour the person are conducted. The cultural aspects of death include the receipt of a death certificate, the settlement of the deceased person's estate, and concerns pertaining to inheritance and inheritance taxation (Parent & Turi, 2020; Lewis, Cahn-Fuller & Caplan, 2017). Some jurisdictions do not apply the death penalty for crimes such as premeditated murder, espionage, treason, or military justice due to the culturally controversial aspect of death. Various cultures discuss euthanasia and suicide, with differing perspectives on how to understand these acts. Symbolic depictions of death, such as the Grim Reaper, Azrael, the Hindu god Yama, and Father Time, can

be found in various civilizations. The concept of the afterlife, which includes a transition from mortality to immortality, resurrection, and the soul's return to a realm of spirits, is the foundation of the Christian belief system on death.

DeGrazia (2021) opined that as of 2022, there have been around 109 billion deaths among humans, equivalent to approximately 93.8% of all individuals who have ever lived. Bio-gerontology aims to eradicate death that occurs as a result of natural ageing in humans, but alternative methods must be used to reach optimum longevity. Africans often avoid discussing or talking about death due to their belief that life continues beyond death. This presents a dilemma for people interested in tracing their ancestry after death, as prior care directives do not allow for this possibility (Agbegbedia, 2015). Demonstrating cultural sensitivity when using advance care directives is essential to ensuring patients' family members and loved ones are supported while retaining their autonomy. Eyetsemitan is an African belief system that emphasizes a cyclical life course and the possibility of reincarnation in new births (Agbegbedia, 2015). After death, individuals are granted a new body that can make them move around like an ancestor; hence people pursue the goal of becoming an ancestor to avoid becoming wandering ghosts. Funeral rites and ceremonies serve to highlight the irreversibility of the separation and to avoid unnecessary offence to the deceased.

Euthanasia is a contentious issue that raises moral issues regarding the right to life, whether the assistance of a physician in dying is considered a criminal act, and whether there is a correlation between euthanasia and murder (Fieser, 2017). In Western culture, active and passive euthanasia are considered acceptable, but direct action intended to kill the patient is never permitted (Onimhawo, 1999; Akhigbe, 2016). However, there is no moral distinction between active and passive euthanasia, and active euthanasia is preferable in cases where a patient is in excruciating pain and has made the decision to end their suffering instead of continuing it. Some non-western nations have attempted to legalize euthanasia, but their view of euthanasia is incompatible with western requirements, which require the involvement of a doctor, patient, clinical environment, and informed or proxy permission (Parent & Turi, 2020). Olasunkanmi's (2015) investigation into euthanasia in Yoruba (a western Nigerian ethnic group) culture found that any effort to legalize euthanasia in Yoruba constitutes an attempt to take the life of an innocent adult. This is one of the reasons; Koenane (2017) suggests that applied ethics should be taught in schools to educate citizens about ethical issues such as euthanasia, thus promoting effective public involvement.

Paleker (2016) investigated the notion of dignity in philosophy and law, with a particular emphasis on how it is used in South African law. The study argues that human beings possess extrinsic dignity, which emanates from their inherent intrinsic dignity. The rise in popularity of euthanasia has been attributed to the technologicalization of medicine and the transformation in people's perceptions of death (Paleker, 2016). In Nigeria, the majority of the population supports legalizing medically assisted suicide and active euthanasia due to the fact of human rights becoming an essential component of contemporary medical practice. However, euthanasia and assisted suicide have no prior history in Nigeria, but during inter- and intra-tribal warfare, the Nupe people engaged in the practice of murdering

children as a means of protection (Onimhawo, 1998; 1999; Strawson, 2018). The Supreme Court in Nigeria ruled that patients have the right to choose their own course of life based on their beliefs and should not be coerced into acting against their religious beliefs (Obi, 2014). This decision has either explicitly or implicitly given its approval to the practice of passive euthanasia in Nigeria. However, in Nigeria, euthanasia and assisted suicide are not permitted due to the taboo and evil surrounding these practices. Except for those crimes from which Nigerian law exempts, all forms of homicide and infanticide are subject to the death penalty under the Nigerian Criminal Code Act.

The court found the indigenous physician guilty of murder in the case of *State v. Okezie*, while the Supreme Court of Nigeria gave a legal nod to passive euthanasia in the case of *MDPDT v. Okonkwo* (Omipidan, 2011). Nigeria, a country with a long history of taboos and religious convictions, has a strong stance against euthanasia. The country's constitution guarantees the right to life, with exceptions for criminal offences and legal arrests. International human rights agreements, such as the Universal Declaration of Human Rights and the African Charter on Human and People's Rights, prohibit euthanasia and assisted suicide (Obi, 2014). Healthcare providers are not exempt from this rule, as they must protect the lives of those under their care. The legal system of Nigeria's constitution and its religious beliefs both have an impact on its position on euthanasia.

Religious and moral responses to euthanasia have been diverse, with some arguing that euthanasia is a last resort due to its sacredness in both social and religious domains. However, there is no consensus on how religious teachings on the sanctity of life influence people's attitudes towards euthanasia. Islam, for example, opposes euthanasia, as it is considered a violation of Sharia law (Aramesh & Shadi, 2007). However, some scholars, like Muzzamil Siddiqi, have allowed withholding treatment that was considered ineffective. The Islamic Code of Medical Ethics states that human life is considered sacrosanct and should never be wasted, except in situations specifically outlined in Sharia and the law (Aramesh & Shadi, 2007). On the other hand, the Bible does not directly address the issue of euthanasia, but it does address murder in the sixth commandment. Contemporary Christianity views life as a priceless gift from God, and factors such as economic, social, physical, or mental circumstances are not acceptable justifications for taking the life of another person (Ayantayo, 2003; Ozemhoya, 2015). The hospice movement, started in 1967 by Cicely Saunders, offers comfort and painkillers to people who are in excruciating pain because practical Christianity does not forbid suffering.

Various denominations of Christians have unique histories and customs, leading to a wide range of perspectives towards euthanasia. Catholics view life as precious and consider it wrong to take the lives of innocent people. Pope Pius XII sanctioned passive euthanasia in 1957, while Pope John Paul II emphasised the importance of valuing life as it manifests itself (Erhuen, 1987; *The Catholic Church and Euthanasia*, 2021). Christians believe that life is both a gift from God and a responsibility that falls on the shoulders of humans. Traditional African indigenous religions, such as Yoruba culture, support the sanctity of life and prohibit murdering someone on purpose. The Osetura of Ifa corpus supports the practice of passive

euthanasia, and the Igbo people of Southeastern Nigeria have a great deal of reverence for life, viewing suicide as malicious and taboo (Molefe & Muade, 2023).

## **THEORETICAL FRAMEWORK**

The three theories that served as the theoretical framework of this study are of nonmaleficence, beneficence, and autonomy; Ubuntuism; and prudential personalism. These theories offer unique approaches to ethics and morality, particularly in the fields of medicine and healthcare. By embracing these principles, individuals can live harmonious lives with others and contribute to the overall well-being of their communities.

This study explores the principles of nonmaleficence, beneficence, and autonomy in bioethics, which are used to describe euthanasia, and understands factors influencing attitudes among elderly individuals. Medical ethics addresses issues such as euthanasia, patient confidentiality, informed consent, and other healthcare disputes, encompassing moral principles like beneficence, autonomy, and fairness (Beuchamp & Childress, 2001). Cultural disparities in ethical norms emphasize the interdependence of medical ethics and culture, necessitating culturally sensitive clinicians and ethical committees in healthcare settings (Veit, 2018). In medicine, beneficence refers to performing activities that are beneficial to the health and happiness of others. Some academics argue that the only fundamental concept of medical ethics is beneficence, and activities such as cosmetic surgery and euthanasia are not only unethical but also violate the Hippocratic Oath (Young & Wagner, 2023; Young & Wagner, 2023). The principle of non-maleficence conflicts with the principle of beneficence, as the consequences of the two principles often result in a double effect. Medical professionals in the United States are divided on whether the non-maleficence principle applies to euthanasia, with organizations like the Hemlock Society and the Dignity in Dying campaign arguing that healthcare providers should only have the authority to end a patient's life if they are aware of alternative treatment options, willing to request them, and conscious of their condition.

Ubuntuism is an African concept (or ethics) that emphasizes harmony and sharing among its people (Gade, 2017). Originating from the Zulu and Xhosa languages, it emphasizes respecting others, being helpful, being part of a community, sharing, caring, trusting, and being selfless. Ubuntu is a fundamental concept in traditional African culture that emphasizes conducting oneself and interacting with others in various social positions (Chigangaidze, 2021; Chasi, 2021). It is a key component of traditional African jurisprudence, ethics, and governance, and a leader who possesses Ubuntu is known for giving, consulting with a wide range of people, and listening to his followers.

Kevin D. O'Rourke and Benedict M. Ashley established prudential personalism (PP), an ethical framework that places emphasis on the successful development of the individual. PP is model after the life and teaching of Jesus Christ. It is also based on the philosophy of teleology, which seeks to maximize human freedom and creativity (Ashley & O'Rourke, 1989). The Ashley-O'Rourke (AOR) hypothesis surpasses typical human flourishing on earth by establishing God's own self as the ultimate goal or purpose of human existence. This method

allows for the potential for grace and genuine human satisfaction. Bernard Haring re-introduced prudential personalism (PP), which has strong roots in cultural and religious influences (Ottuh, 2021). It is based on the genuine goods and needs of actual human individuals and can be proven scientifically and experientially. Theological scholars acknowledge that personalism is based on natural law and is open to any sane person of good will. It emphasizes the pursuit of happiness and contentment as the essence of morality. Prudential personalism requires individuals to achieve perfection in various human capabilities while being grounded in freedom, autonomy, and creativity. Practical implications of prudential personalism include the interaction between patients and healthcare providers, where decisions regarding medical care and treatment cannot be undertaken in isolation (Dancy & Davis, 2006). Public health concerns often take precedence over individual health care, and it is crucial for healthcare providers to empower patients to make decisions with self-assurance and tranquility. Prudential personalism highlights the importance of health care being centered on the individual, recognizing the multifaceted social being with various requirements, and allowing decisions to be made with self-assurance and optimism.

#### **DEATH IN URHOBOTRADITIONAL CONCEPTION**

The Urhobo perspective on death entails a separation of the *erhi* (soul) from the *ugboma* (body), which is buried, and the *erivwin* (spirit), which is geographically here but disconnected from this visible sphere by a mystical cloud (Agbegbedia, 2003; 2015). Both of these entities are involved in the process of death. There is a gate known as the *Urhoro* that is located between this sphere and *Erivwin*. This gate provides a dual function in human life. *Urhoro* is a ritual that locks the plan into existence for the deceased as well as grants them the opportunity to experience bliss alongside the people who have passed away before them. The Urhobo concept of life places a strong emphasis on the significance of ensuring that the spiritual attributes of a deceased person are preserved and that they are accepted back into the fold of their family group. To purify themselves before emerging from the grave, the two individuals who are digging the grave are presented with a bottle of gin. Men perform the dirge during the burial process, as they are morally permitted to bury the dead. Listening to dirges allows people to understand the Urhobo narrative regarding the origin of death. According to Nabofa (1989), the Urhobo people once held the belief that God (*Oghene*) originated death as a natural force and did not intend for human to use it. There are many myths that are told in order to explain their origin and function. One of these myths is the toad (*oghwokpo*), which asserts that everybody who passes away ought to visit their family eventually.

People consider certain deaths as cursed, and they deny the victims full ceremonies due to this belief. Young individuals' deaths are considered tragedies, and they are often not given elaborate burial rites (Agbegbedia, 2015). In some situations, mourners contact a diviner to determine the cause of death. The mourners at the graveyard chant additional prayers and incantations, and they also pronounce curses against the individuals who are responsible for the unfortunate deaths of the deceased. Nabofa (1989) explains that while the spiritual attributes of

a deceased person can reincarnate, their *erhi* is believed to remain in *erivwin* as an ancestor. *Erivwin* is a three-tiered universe, with heaven being the habitation of God and *Erivwin* being the abode of the dead, according to the Urhobo belief system. The Urhobo believe that after death, the *erhi* travels to *Erivwin* as they pass away. There is a widespread belief that the earth is the dwelling place of divine beings, natural spirits, and mortal humanity (Agbegbedia, 2003). When a person passes away, they are said to join their family in *mourning*, and elaborate funeral rites are performed to demonstrate their moral conduct to their ancestors. One could compare the funeral customs to the process of obtaining a passport or a letter of reference. Within the context of Urhobo culture, the African notion of eschatology centers on the existential truth of death, which is regarded as the starting point of an individual's more intimate connection with all of creation (Agbegbedia, 2003). Due to the fact that death is seen as the demise of a soul, suitable burial ceremonies are performed for every deceased individual in order to guarantee the safety of those who are still alive. It is a fundamental belief of the Urhobo people that the deceased possess a greater power than the living and that death serves as a portal to the supernatural realm.

When confronted with death, the Urhobo people are intrinsically prone to experiencing phobia, and their response to death varies depending on factors such as gender, age, communal status, and the sort of death that occurs (Nabofa, 1989). There is a wide range of approaches to burial ceremonies, ranging from a joyful expectation for the elderly and successful to a posture of mourning for newborns and the evil (Agbegbedia, 2015). Individuals who are younger are laid to rest earlier in the daytime, while those who are older and live until the evening are laid to rest at nightfall. The Urhobo believe that death is connected to sleep, as they believe illness is a harbinger of death and can be treated (Agbegbedia, 2015). This belief is in accordance with the Yoruba belief that illness is a harbinger of death. It is essential to have an awareness of the Urhobo culture and its psychosomatic dimension in order to have a better appreciation for their perspective on death and to make their comprehension more understandable to individuals who do not view the world through their socio-cultural lens.

The Urhobo believe that death is a normal occurrence, particularly when it occurs to a young individual who has not yet reached the end of their life (Agbegbedia, 2015). Through the use of divination and consultation, the Urhobo are able to ascertain the cause of death by administering a little kola nut or drinking water or gin to the one who is being accused of murder. If the accused individual sustains no injuries, they are deemed innocent and acquitted. The way a person is laid to rest is based on the length of time they spent on earth, can significantly impact their perception of death. People who pass away in the wilderness, for instance, must be laid to rest outside of the town, while those who drown in water must be buried next to the riverbank (Agbegbedia, 2015). The Urhobo believe that bad luck plays a significant role in death, so they perform ceremonial cleansings of towns and villages to protect them from the presence of ghosts. On the other hand, if someone passes away in the comfort of their own home, they are considered to have passed away quietly. The Urhobo people believe that life is a journey and that death is something that should be welcomed after one has accomplished a great deal



and attained old age. The human being, on the other hand, longs for their own will to triumph against God's authority over life.

### **EUTHANASIA-LIKELY BELIEFS, PRACTICES AND EXPERIENCES IN URHOBOLAND**

Newborns who are albino, extremely defective newborns, newborn twin babies, mentally and physically handicapped or retarded persons, terminally ill persons, and elderly incapacitated persons are the likely people who are victims of likely-euthanasia practices across some Urhobo communities (Orogun, Agbon, Uvwie, Ughelli, and Olomu) that have been studied. The Olomu people have a long-standing custom of welcoming newborn twins as members of their indigenous population, and they are also aware of certain ailments that are considered abominations in the community. In the past, it was considered an abomination to have twin babies, and only one would be accepted and welcomed into the community. The Uvwie people, according to Akasa (oral interview, 2023), now welcome and treat newborn twins with care and love. In the Ughelli kingdom, oracles are consulted to ascertain if new-born twins should be welcomed and retained. The Orogun people initially refused to accept twins due to taboo beliefs (Okporu, oral interview, 2023). However, with the arrival of Christianity and the cessation of the practice of killing twins, they are now considered a blessing from God. The Ovu community often welcomes twins as a benefit to the family and the community, with the elders making the decision if they should be retained or not (Omoghene, oral interview, 2023). However, this was not so in the past, when they were left to die in the community evil forest (*Ewharode*).

In the past, babies born with severe defects in some Urhobo communities were often subjected to curses and societal pressures. In Uvwie Land, for instance, newborn infants with physical defects may not be considered normal children but ill-lucky children, but there is no law or rule that states they should be murdered (Ukpokpo, oral interview, 2023). In Ughelli in the past, elders would give such babies water until they die, as it is taboo for anyone to have a child with leprosy or any deadly illness in the community (Onokerioye, oral interview, 2023). In the Orogun Kingdom, new-born babies with physical defects may be welcomed or killed, depending on the circumstances surrounding their birth. Omojevwe's (oral interview, 2023) understanding is that it depends on the nature of the physical obstacles involved, with spiritual or natural obstacles being considered. In some Urhobo communities, it is considered taboo and an abomination to give birth to a baby with significant defects. Parents abandon such babies to perish either in the body of water (*urhie*) or in the evil forest (*ewharode*). The treatment for these babies varies between communities, with some secret burials taking place to appease divinities. Onokerioye (oral interview, 2023) believes that children of this nature are considered sub-humans and do not deserve special care or treatment. The Ughelli community had a practice of starving very deformed infants to death or burying them alive, which was done covertly to avoid negative information reaching other members of the community.

Other Nigerian communities, such as the Oshogbo, Etsako, Fulanis, and Ibo, also contribute directly or indirectly to the deaths of their seriously deformed

newborn babies. However, these dehumanizing attitudes and behaviors are gradually changing due to the introduction of Christianity and conventional medical treatments. In the present, unlike in the past, in the Olomu kingdom, newborn babies born as albinos are now treated with warmth and respect, despite their decreased presence in the land (Ojiaefe, oral interview, 2023). The Olomu people believe that offspring, including twins and albinos, are gifts from God. In the Uvwie kingdom, albinos are also treated with respect and are now considered children of God, unlike in the past, when such babies were left to die because they were considered sub-humans. In the past, albinos were taboo in the Ughelli kingdom, and the gods would instruct that they should be killed. However, since the arrival of Christianity, this practice has been discontinued.

In Ovu and other communities in the Agbon kingdom, Olomu and Ughelli kingdoms, albino babies are now accepted with great ease, unlike in the past when they were killed or sacrificed to the community deities. They now believe that God created albinos in the same way as other people on earth and that the death of an albino baby is equivalent to the eradication of a creature created by God. In some African tribes, the birth of babies born as albinos is considered a sign of potential financial success, while in other ethnic groups; the elimination of such infants is of utmost importance to prevent future catastrophes in the community. In Ovu community, for instance, mentally ill individuals are treated according to their customs and traditions. Those with incurable diseases are removed from the community to receive treatment or are exiled and left to die (Sobotieh, oral interview, 2023). If their families become exhausted financially, they make their own decisions to withdraw any attention whatsoever. The Olomu people treat terminally ill patients using indigenous medicine and seek advice from the village oracles. If no treatment is available, the individual who is ill is left to die at his or her own pace. If the illness is deemed monstrous, such persons are transported to the bush for further healing or die at will (Koko, oral interview, 2023). If such an individual dies, the body is buried in the bush to prevent the disease from spreading.

In Uvwie communities, terminally ill patients are well cared for, with relatives offering treatment; if the illness is not treatable, the individual is removed from the community and left to die. The Orogun people try to prevent reoccurrences by placing them in the evil forest "*Ewharode*" (Otuedor, oral interview, 2023). Mentally retarded people, such as those with Down syndrome or insane individuals, are never killed in the examined kingdoms. Passive euthanasia, or letting someone die, is a common practice in this regard in most of the communities under review. Mentally ill people can be found throughout metropolitan towns and villages across Urhoboland. The Olomu and Ughelli people treat terminally ill and elderly incapacitated persons with respect, often bringing them to medical facilities or healing homes. These people are gentle and loving, never resorting to using their own hands to kill someone of this nature. However, some families among them abandon this category of people to die by not communicating and visiting them, refusing them medical attention, and not providing them food. However, some adult children who are good at what they do continue to take care of their elderly parents, knowing that they will eventually be able to do the same for themselves. They

provide them with money to purchase food and wraps, and they transport them to the hospital for treatment until it is time for them to pass away on their own.

Africans have a strong belief that illnesses are connected to the actions of bad individuals, specifically witchcraft and other powerful spirits. In Urhoboland, the power of divination, also known as the *Epha*, is used to discover the origin or source of the sickness of terminally ill individuals. Despite attempting various therapeutic methods, the people never gave up hope until it became evident that the individual's death was unavoidable from the beginning. There are also signals that indicate when an elderly person who is terminally ill is about to die, such as the hooting of an owl and the weeping of a dog (Ejedegba, oral interview, 2023). Some members of the community can recognize and interpret these indicators, thus allowing them to determine if certain charms are postponing the death of the sick elderly person. If it is a charm, such a charm is quickly rendered impotent to enable the person to die with ease.

### **JUSTIFICATION FOR EUTHANASIA-LIKELY PRACTICES IN URHOBOLAND**

Based on the analysis presented above, we can conclude that the seriously deformed babies in the traditional Urhobo villages are not considered human beings. Because they do not possess the expected features and parts that are indicative of human beings. For this reason, Urhobo would consider a child born without limbs and legs, for example, as a sub-human being and have them discarded. The cultural and theological worldviews held by the Urhobo could have influenced their beliefs and practices (cf. Amzat, Kanmodi, and Ismail, 2023). These sub-humans are discarded because they are considered both sub-human in nature and regarded as taboos believed to have been brought into being by malevolent spirits. Due to this particular reason, it was a heinous act in the recent past for a human mother to give birth to such a child. The rationale for this is to protect the community from evil and it is necessary to get rid of these children by either killing ("letting die") or throwing them into the river or evil forest. As is the case with other African ethnic groups, the Urhobo people warmly embrace and cherish newly born infants. It is possible to deduce this from the names that Urhobo families choose for their offspring. A few examples of these names includes: Omonigho, Omonolo, Omovwerha, Owhonigho, Omotejowho, Omoyeurhievwe, Omoghene, Omoyefe, and others. As with other African ethnic groups, the Urhobo believe that God, the Creator, does not have any child that is born with abnormalities. As a result, the Urhobo communities are steadfast in their religious worldview, which includes the belief in reincarnation as an integral aspect of their religious beliefs.

When a person who had a good life passes away, the Urhobo believe that once they have passed away, they may reincarnate into existence through a woman who was a member of their family. Therefore, when a child with serious defects is born, no one could have thought that an ancestor who had passed away with all of his members intact could have returned to the earth with his parts severed (Oji, oral interview, 2023). The Urhobo believe that God is a good God who raises children who are as good. Despite regard to life as the most precious gift bestowed upon

humanity by God, the Urhobo swiftly eradicate all forms of wickedness and defects, including those exhibited in severely deficient newborn babies. Taking into consideration the analysis, it is possible that the killing of albino babies may not fall under the category of euthanasia. These deaths were the product of human depravity and ignorance, both of which were peculiar to each traditional group anywhere in the world. Albinos were seen as odd creatures that did not belong to this physical world by the individuals who carried out these killings, which are also sometimes referred to as infanticide. However, the people who carried out these killings were unaware that they were taking part in infanticide. The activities of the Urhobo can be interpreted as an act of devotion to the religious and cultural worldviews that constitute their identity, similar to other traditional groups (Olasunkanmi, 2015). Although albinos are no longer slain or allowed to die in Urhobo communities, certain groups still view them with suspicion.

### **MORAL APPRAISAL OF EUTHANASIA-LIKELY PRACTICES IN URHOBOLAND**

Taking into consideration the research presented above, can one reach the conclusion that the act of ‘murdering’ and “letting die” that is carried out in the traditional communities of the Urhobo people be deemed to be practices having the resemblance of euthanasia? But some would say that these actions are nothing more than a close approximation of euthanasia (Fontalis, Prousalis, & Kulkarni, 2018). In addition, the case of the elderly person who suffers from a terminal illness and whose charms needed to be neutralized in order to allow him to pass away may not be termed as euthanasia. To phrase it another way, is there any act of denial of death, as there would be in the case of passive euthanasia. The Urhobo is aware that life begins with a beginning, and as a result, life terminates with an end. In Africa, the act of killing any human person, regardless of the circumstances, is considered murder (Annadurai, Danasekaran, & Mani, 2014). This is where ideas such as prudential personalism and African Ubuntuism come into play as interesting concepts. Euthanasia arguments can be analyzed on two levels: pragmatic concerns based on religious convictions and presumptions based on ethical presuppositions. These objections have a cumulative strength, making them more likely to be accepted or not accepted.

The prudential personalist ethical model is an approach to ethics that emphasizes the growth of the individual person, aims to maximize human freedom and creativity. It has had a significant impact on Catholic health care, addressing issues such as public health and patient confidence. The prudential personalist approach combines deontological and utilitarian perspectives in decision-making, focusing on personalism and practical efforts to achieve human goals. It extends beyond medical, moral, and religious issues, such as providing medical care to mentally ill patients (Onimhawo, 1999). The model assumes a fundamental understanding of Christian principles, professionals dedicated to their professions, and a desire to be fulfilled. The conservative viewpoint in the debate over euthanasia is based on the concept of the sanctity of life, which asserts that life is a sacred gift given to humanity in trust by a loving God. However, there are boundaries for the sacredness, and there comes a point when the gift is revoked,

diminishing its sanctity in the case of euthanasia. The prudential personalist model provides a middle ground in the debate by considering both medical prognosis and non-medical variables (Ottuh, 2010). Understanding the distinctive role of religious language in ethical decisions is also crucial for comprehending the significance of prudential personalism as an ethical-theological assumption that as to do with the morality of euthanasia. Linguistic scientists argue that evaluating statements made in religious texts should be based on their usefulness within the context of certain human goals rather than their truthfulness.

The conservative viewpoint in the debate over euthanasia is founded on the concept of the sanctity of life, which asserts that life is a sacred gift given to humanity in trust by a loving God (Ayantayo, 2003). However, these boundaries exist for sacredness, and there comes a point when the gift is revoked, thereby diminishing its sanctity. The foundation of this trustworthiness is found in the concepts of the Bible, which state that sacredness can be bestowed upon both individuals and locations, but this unique status can be forfeited as a result of sin, contamination, or the absence of God's presence (Sowanda, 2016; Shield, 2004). When making a prudential personalist judgment on euthanasia, it is necessary to take into account both the medical prognosis and non-medical elements, such as the manner in which a specific human treatment is effective. Every individual is responsible for the stewardship of the gift that is human life, which derives from the obligation that comes with the decision. In terms of medical ethics, the paradigm goes beyond both the extremes of scrupulousness and laxity in medical ethics.

Ubuntuism is an African traditional ethical philosophy that emphasizes equality and collaboration among its people. Ubuntu emphasizes respect, helpfulness, community involvement, sharing, compassion, trust, and selflessness. It is a fundamental aspect of traditional African jurisprudence and administration, with leaders who embody Ubuntu recognized for their ability to give, consult, and listen to those who follow them. Moral ideals such as caring for one another, respecting one another, and working together are central to Ubuntu ethics. This promotes mutual care, love, kindness, and compassion, which support common remedies for social and economic problems within the community for which euthanasia contradicts. Traditional African medicine is essential in treating terminally ill patients, as it is seen as a service and can be used by native African physicians to find additional African remedies. Despite advancements in science and development, no African nation has legalized euthanasia, thus highlighting the importance of communal living and appropriate medical care for those nearing the end of their lives. Euthanasia is considered an offense against ancestors in African society, and if diagnosed with a fatal illness, they have the potential to become an ancestor, acting as a mediator for the living individual or group. Caring, fostering collaboration, and solidarity are all ideals that Ubuntu upholds (Chasi, 2021). Through the promotion of love, kindness, and compassion, it supports common remedies for social and economic problems within the community. The concept of care is central to Ubuntu ethics, which seeks to improve the health and happiness of both individuals and communities (Enyimba & Ojong, 2019). Care-giving is an essential component of life in traditional African civilizations, particularly for those who are nearing the end of their lives. Due to the significance of maintaining life's

value and the relevance of mutual care, euthanasia is not permitted within these cultures (Ukpokodu, 2016).

Bioethical principles, including liberty of choice, benevolence, and nonmaleficence, are crucial in bioethics, particularly regarding euthanasia and attitudes associated with the elderly. The ethical code and five elements that constitute ethics serve as a foundation for making decisions regarding these matters, such as autonomy, non-maleficence, beneficence, justice, and fidelity. The debate over the legal viability and permissibility of euthanasia and physician-assisted suicide (PAS) revolves around the concept of autonomy, in contrast to various interpretations of non-maleficence and beneficence. When dealing with issues pertaining to the end of life, such as physician-assisted suicide and euthanasia, it is common practice to make use of an ethical code and the five elements that constitute ethics (Rajkumar, 2021). Among the ethical concepts that serve as a foundation for making decisions regarding these matters are independence, beneficence, non-maleficence, fidelity, and fairness. Autonomy refers to the right that people have to make their own decisions regarding their mental health and healthcare, whereas non-maleficence places an emphasis on avoiding causing harm to others (Beauchamp, 2013). The concept of beneficence encourages virtue and does not necessarily require that life be preserved at any cost. The concept of justice places an emphasis on equality, upholding the law, and appropriately allocating social resources, whereas the concept of fidelity promotes the fulfillment of promises and loyalty.

The Urhobo culture reflects natural and traditional values while also being partially influenced by Christian and Islamic beliefs. Additionally, it shared certain characteristics with human nature. On the other hand, there were certain disagreements between the ideals of the host culture and those of Christianity. Urhobo customs and religious consciousness hold a great deal of value, despite the difficulties encountered. When it comes to their traditional religious traditions, the Urhobo place a strong emphasis on the protection of human life. The introduction of Christianity and its subsequent interaction with the indigenous culture expanded the extended family structure, leading to the inclusion of all humans as part of this extended family (Wainer & Khuzwayo, 1993). This has resulted in the civilization of specific elements of Urhobo culture, such as the eradication of the practice of destroying twin babies, the cessation of the local slave trade, the kidnapping of children, and the practice of human sacrifices. Both Urhobo and Christian cultures closely tie morality to Christianity because they believe that the quality of one's life in the here and now determines their afterlife. However, the decline in moral life in Urhobo society may be attributable to the ineffectiveness of Christianity's lack of punishment. Christianity is known for its practice of reserving retribution for the living and for those who have passed away.

The international human rights accords, such as the Universal Declaration of Human Rights and the African Charter on Human and People's Rights, prohibit euthanasia and assisted suicide (Sulmasy, Travaline & Mitchell, 2016). This is done to ensure that the rights and integrity of individuals are protected. The indigenous Urhobo culture, which has also absorbed influences from Western culture, has benefited greatly from Christianity. Within the context of Christianity, values hold

a significant place as principles or ideals that are highly regarded. It is important to note that the effect of Christianity on Urhobo culture is not a novel phenomenon; rather, it is widely recognized and valued within Urhobo society. Factors such as the immensity of the area, the absence of highways, and the hard natural conditions all played a role in the expansion of Christian influence. The Urhobo people have abandoned many rituals and beliefs as a result of the influence of Christianity, which has caused them to have uncertainties in their thoughts. Consequently, this has led to a combination of traditional and contemporary concepts within the realm of religion, such as the practice of human sacrifice, the trafficking of slaves, and the murder of twins (Mararike, 2013). In many cases, the opposing stance that Christianity takes on certain problems is a portent of impending calamity and tragedy for the belief system as a whole. However, in their passion for their religion, Christians have been responsible for certain harmful cultural roles (Young & Wagner, 2023). They have frequently assumed the role of cultural arbiter and have associated the beliefs of Urhobo ancestors with those of the devil. This is a natural outcome of Christian missionaries acting as if Africa or the African continent were the products of a flawed god. The forbidding of employing Urhobo names for baptism by the churches would have diminished and emptied out the personalities of the Urhobo people. The Church ought to exercise caution when making decisions in accordance with the teachings of Pope Gregory, bearing in mind that things are not to be cherished for the sake of places but rather for the purpose of something good (The Catholic Church, 2021; Fieser, 2017). The traditions of the Urhobo people show that the sanctity of life is not indiscriminately applied to all people without exception. In ancient times, it was standard practice to kill people as part of funeral customs or as an offering to atone for misdeeds. Those who were born on the soil experienced distinct injustice compared to non-natives. Victims were frequently people from other countries. Killing anybody who was not a member of the clan was deemed a crime against the soil deity and an abomination towards the older members or members of a clan.

## **CONCLUSION**

Findings in this study have shown that euthanasia in all its forms is a practice that dehumanizes and destroys human dignity and does not promote African culture and humanhood. Urhobo culture does not recognize the terms "euthanasia" or "mercy killing" either in its direct or indirect forms, even though they unknowingly practice them. Some Urhobo communities engage in practices similar to euthanasia, such as overfeeding unwelcome babies, depriving unwanted babies, and isolating the elderly to "letting die" (passive euthanasia). These practices disproportionately target newborn babies who are albino, deformed, twin infants, including the mentally and physically disabled, terminally ill, aged, and incapable persons. However, these behaviours are now a thing of the past in most Urhobo communities due to modernity, advanced healthcare system, and the introduction of Christianity and other religions. The Urhobo people believe in reincarnation and the existence of a just God who can eradicate sins and imperfections, including those in newborns. Hence, the moral problems associated with active and passive euthanasia are morally unacceptable to African humanism. Theologians, biblical scholars, and

medical professionals of African descent should promote African culture and humanization by addressing traditional likely-euthanasia practices. Community and religious leaders should advocate against "mercy killing" and educate people about treating disabled individuals as God's creatures. They should also advocate for modern medical facilities and teach about removing fetish beliefs that encourage maltreatment.

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**Oral Interviewees**

S/No.	Name	Sex	Location	Date
1.	Thompson Didimako	M	Olomu	7/9/23
2.	Johnson Okpako	M	Olomu	7/9/23
3.	Ovie Akpoyibo	M	Olomu	7/9/23
4.	Hope Akasa	M	Effurun	11/10/23
5.	Oghenevwhare Ugbosu	F	Ughelli	29/11/23
6.	Fred Okporu	M	Orogun	6/12/23
7.	Mercy Omoghene	F	Ovu	23/7/23
8.	Mathias Okporho	M	Ovu	23/7/23
9.	Benjamain Ukpokpo	M	Ekpan	13/10/23
10.	Bedford Omojevwe	M	Orogun	6/12/23
11.	Christopher Igbo	M	Ovu	23/7/23
12.	Titus Onokerioye	M	Ughelli	26/11/23
13.	Michael Otobo	M	Ughelli	26/11/23
14.	Joseph Usige	M	Ughelli	28/11/23
15.	Daniel Diakpere	M	Orogun	6/12/23
16.	Gopin Ugheghe	M	Ovieorie	27/7/23
17.	Duke Igbayo	M	Ekpan-Ovu	27/7/23
18.	Esiekpe Ojiaefe	M	Olomu	7/9/23
19.	Donatus Uchiefe	M	Osubi	13/10/23
20.	Imonivwrha Ojevwe	M	Ughelli	26/11/23
21.	John Otuedor	M	Orogun	6/12/23
22.	Elvis Oharisi	M	Ughelli	26/11/23
23.	Miller Omonode	M	Ughelli	26/11/23
24.	Pual Omoraka	M	Effurun	11/10/23
25.	Maria Okonofua	F	Olomu	7/9/23
26.	Gerald Opojih	M	Olomu	7/9/23
27.	Thomas Okemena	M	Effurun	11/10/23
28.	Freeborn Oke	M	Effurun	11/10/23
29.	Salas Oji	M	Olomu	7/9/23
30.	Botie Koko	M	Olomu	7/9/23
31.	Edward Sobotieh	M	Ovu	23/7/23
32.	Shedrach Odibo	M	Ughelli	26/11/23
33.	Godwin Ogbeta	M	Olomu	7/9/23
34.	Ufuoma Ejedegba	M	Ovu	23/7/23
35.	Roseline Ejedegba	F	Ovu	23/7/23