

INFORMED CHOICES ON MARRIAGE, CHILDLESSNESS AND REPRODUCTIVE TECHNOLOGIES: AN AFRICAN CHRISTIAN THEOLOGICAL AND ETHICAL REFLECTION

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***Abstract:** It is not an overstatement to say that a great value is placed on fertility or childbirth in Africa. Couples who have married for say three years without a child, therefore, face moments of anxiety, as people begin to wonder whether there is not something going wrong somewhere. The problem of infertility becomes even more heightened in the African context, where some see marriage as being “incomplete without children”. Can an African couple enjoy their marriage even without children? In this presentation, we want to reflect on the concepts as held in Africa about marriage, childlessness and some reproductive technologies that are used to help in overcoming childlessness in marriage. The reflection is intended to help in making informed choices.*

Introduction

I know I am entering into a sensitive subject that some would rather wish is left untouched. But somehow, I also feel that it is good to have some ethical and theological reflection on topics that affect human life, including even those that may be seen as untouchable, and for which reason some are quietly bearing the brunt of some societal expectations. The issues involved in our discussion have to do with marriage, childlessness and some reproductive technologies, with particular reference to the African context.

I have found the subject to be of a controversial concern to some who may be going through moments of anxiety over childlessness, particularly African Christians, some of who may want to enjoy their marriage even where there are no children, and yet, at the same time, they would have to contend with the tremendous value that is placed on childbirth in Africa.

From research carried out a few years ago on the subject, I am presenting in this paper, some findings that, hopefully, may give information to those who care, while at the same time, asking for perhaps a re-orientation of minds on some concepts that are traditionally held about the subject in Africa. Even though the discussions are coming from a Christian perspective, I hope they will be useful to others from other religious backgrounds, particularly those living in Africa. Let me state that the presentation is not meant to persuade or dissuade those who want to go in for the various methods of helping to overcome childlessness. It is more or less meant to give information, for people to make their own informed choices. One is, therefore, not obliged to accept any personal views that have been expressed in the writing.

Let me start by expressing my indebtedness to some in the course of writing this piece. This goes particularly to Dr. Manu and his staff at the Pro-Vita Specialist Hospital in Tema. I must single out Dr. George Selorm Quarcoe, embryologist and member of the staff, for special thanks for the great help that was given to me when I was gathering information. He, at one time, during the 2002/2003 academic session, accepted an invitation to come over and explain some processes involved in some new reproductive technologies to my Graduate students in class. The students as well as the lecturer benefited much from that session. The scientific terms were carefully explained to the class of religious students, even though we still have to grapple with the pronunciation of

some of the terms. A glossary has been provided at the end of the writing for further explanation of terms that the reader may not be familiar with. The same thanks go to Mrs. Sharon Abbey, of the Department of Social Welfare, who kindly granted me interviews on Adoption of children. The gratitude goes to all authors of works that have been cited, acknowledgment of which is given.

Marriage in Africa

To say that marriage in Africa is one of the greatest values of the people is not an overstatement. To grow up to a certain age, of say thirty years and above, without getting married, is to draw attention to oneself. Many interpretations would be put on that state. To put it bluntly, the society would think there must be something wrong with the person. In the case of a man, he may be regarded as someone who is antisocial - someone not wanting to share his life with others - or he may be suffering from a physical problem; or, "one who is considered to be irresponsible, worthless, good-for-nothing, contemptible"¹ - and so on and so forth. Let me sum up the expectations about a man's marriage in Gyekye's words thus:

Traditionally in many African societies, a young man who has gainful employment of any kind and earns some income is expected, in fact, urged to marry. Any undue delay on the part of the young man to marry will cause his parents or the elders in the lineage to worry and even to interfere in his private life in order to advise and encourage him to marry.²

¹ Kwame Gyekye, *African Cultural Values: An Introduction* (Philadelphia, Pa/Accra: Sankofa Publishing Company, 1996), p. 78

² Gyekye, *African Cultural Values*, 76

In the case of the woman, I would again use Gyekye's presentation here that: "an unmarried woman is almost an anomaly"³. Every woman is expected to marry.

"Therefore", Mbiti⁴ would also write:

marriage is a duty, a requirement from the corporate society, and a rhythm of life in which everyone must participate. Otherwise, he who does not participate in it is a curse to the community, he is a rebel and a law-breaker, he is not only abnormal but 'under-human'. Failure to get married under normal circumstances means that the person concerned has rejected society and society rejects him in return.

Mbiti seems to be a bit generous in adding, towards the end of the above quotation, the phrase "under normal circumstances" since the African society does not seem to make room for "abnormal circumstances" where marriage is concerned – unless the person is "under-human", as Mbiti has put it in the earlier part of his very statement above.

That is the expectation of the society, even though the unmarried may know that there is no anomaly with his or her unmarried state. It may only be that one is not able to find a partner for marriage; or some may choose not to marry for personal reasons (rather than those that are given by society). The pressure from the society, however, of people thinking that the person is not living a fulfilling life, can sometimes lead the single person into various states of mind. This may include losing of one's self-esteem, thinking that there must really be something wrong with the person. Some of the single persons are, however, able to stand their

³ Gyekye, *African Cultural Values*, 76

⁴ John S. Mbiti, *African Religions And Philosophy* (London: Heinemann, 1980) p. 133

ground, even in the midst of the societal expectation, and live lives that are worthy of personhood.

Marriage in Africa is also not an institution between two persons only; it is a marriage of four families, of the families of the mother and father of the woman and those of the father and mother of the man. Indeed, as I argued elsewhere ⁵, an African family is not made up of husband, wife and children only. It is made up of all those who are related by blood to a person. An African family includes father, mother, aunties, uncles, grandparents, nephews, nieces, cousins, and so on and so forth. And in this communal life, what affects a couple affects all members of the families.

Childbirth in Africa

To be married in Africa is one thing, and having or not having children is another thing. Marriage is seen as incomplete unless there are children in the marriage. Let me once more quote Mbiti who wrote that “without procreation marriage is incomplete” ⁶. Marriage and procreation are seen as “a unity”⁷. It is a great joy, therefore, to hear news about the birth of a child to a couple. A day is usually set aside (usually on the eighth day after birth) to celebrate the birth; to give thanks to the Divine for the gift of child; to rejoice with the couple; to provide them with gifts and to welcome the new birth to the community. This child belongs to the whole group and every body has the responsibility of seeing to it that he or she grows up to be a useful member of the society.

Childlessness in Marriage

Couples in Africa, who have married for say three years without giving

⁵ Rebecca Y. Ganusah “Community Versus Individual Rights In Africa: A Viewpoint” in *Legon Journal of The Humanities*, Vol. 15 (Accra: Mustard Impressions, 2004) p. 3

⁶ Mbiti, *African Religions*, 133

⁷ Mbiti, *African Religions*, 133

birth, do face moments of anxiety as they see themselves as not living up to societal expectation or making the marriages “complete”. In some cases, it is the couple that decide to stay for some time (a few years) before they start making babies. In other cases, they may be going through moments of adjustment to each other. To the community, however, there must be something going wrong with them and the earlier something is done about it, the better.

Causes of Infertility

There are several causes of infertility and pinpointing one particular cause is difficult. In Africa, attention is usually drawn to the woman – perhaps because she is the one carrying the womb and is, therefore, expected to produce the expected good (child) out of it. However, medical science has shown that the causes may come from either the man or the woman or from both.

According to Derek Llewellyn-Jones⁸:

careful investigation of the causes of infertility has shown that in about 35 percent of cases the woman has a fertility problem and in the same proportion the problem lies with the man. In the remaining 30 percent of cases factors which affect them both are present.

Therefore, a true infertility assessment requires examination of both the man and the woman. In other words, infertility, in most cases, should not be placed specifically just at the door of the husband or just at that of the wife. It is not a surprise, therefore, that Pro-Vita Specialist Hospital (indeed like many others), would insist on examining both a husband and the wife whenever there is a problem with childlessness in marriage. In

⁸ Derek Llewellyn-Jones, *Everywoman: A Gynaecological Guide for Life* (London: Penguin Group, 1998) p. 87.

other words, attention is not drawn to the woman alone as some would think or as it is usually done at some of the African traditional healing Centres.

Infertility in Women

It is stated that:

With regular intercourse, 50 percent of women under the age of 30 can become pregnant within 6 months. Nearly 90 percent may be pregnant within 1 year, the remainder within 2 years. Older women usually take longer⁹.

'Taking into consideration the above statistics,' it is further noted, 'it is advisable for a couple to delay any kind of investigations for at least a year.'¹⁰ Fertility rate after 30 years cannot be expected to be the same as that of the ages that are less than 30 years. Women who, in these days, get married at an older age as they want to finish schooling and establish their careers may, therefore, not be expected to become pregnant as early as those who are under 30 years. Perhaps society, African society in this case, will take the above information into consideration so that people do not begin to observe married couples, the wife in particular, perhaps a few months after marriage, to see whether 'there is something on the way' – a child.

Infertility in women can be caused by disorder that affects ovulation. A time of ovulation is the time when a mature egg (ovum) is released by an ovary, picked up by the fimbriae and drawn into the Fallopian tubes. The time of ovulation usually occurs at about the midpoint of the menstrual cycle. Menstrual cycles averagely take 28 days. The egg waits in the

⁹ Erich E. Brueschke et al, *The World Book: Rush-Presbyterian-St. Luke's Medical Center Medical Encyclopedia* (Chicago: World Book Inc. 1991) p. 489

¹⁰ Brueschke et al, *The World Book*, 489

fallopian tube for sperm to fertilize it. If fertilization does not occur, then, alongside with a lining of the uterus that is also produced to receive the fertilized egg, the egg is passed out as menstrual flow. This process of ovulation normally occurs every month. Ovulation may, however, be disrupted by various hormone disorders.

Illness such as tuberculosis, anorexia nervosa, and diabetes mellitus affect ovulation. It is also said¹¹ that obesity, smoking, and alcohol affect it. Furthermore, an ovarian cyst can disrupt ovulation. In some cases a woman may have multiple cysts in the ovaries and that can affect fertility. Infertility can also be caused when the movement of the egg is restricted by any infection of the fallopian tube. This includes salpingitis, venereal disease like gonorrhea, or an abscess. In such a case, the lining of the tube becomes scarred, and even if an egg is successfully fertilized, an ectopic pregnancy is likely to occur. So that blockage in the fallopian tube can cause infertility¹². It is further stated that: 'Sometimes, cervical secretions kill the sperm even when intercourse is successful.'¹³ This is further explained that 'women develop an incompatibility with or allergy to the partner's sperm, which are destroyed as a result of immune system malfunction.'¹⁴ Other causes include age (female fertility declines fast after 35 years), abnormal womb shape, history of pelvic infections, nutritional deficiencies, and hysterectomy – where the womb is removed for various medical reasons. Thus, there can be several causes of infertility in women.

Infertility in Men

Like those of women, many factors can contribute to infertility in men. 'Apart from sexual problems, infertility results if a condition or disorder

¹¹ Brueschke et al, *The World Book*, 491

¹² Brueschke et al, *The World Book*, 490-491

¹³ Brueschke et al, *The World Book*, 491

¹⁴ holistic-online.com 10th March 2003

affects the total number of sperm produced during ejaculation or the number of viable or normal sperm produced.’¹⁵ The conditions or disorders that can affect a man in this way include infection of the sexual organs caused by venereal disease, prostatitis (inflammation of the prostate gland), mumps (a virus infection that causes, in male adults, inflammation of the testicles), epididymitis (inflammation of the twisted tube that leads from the testis to the vas deferens), blockage or damage of the sperm duct (vas deferens), and alcoholism¹⁶. As explained further by Llewellyn-Jones¹⁷, in some cases, the man may not be able to manufacture any spermatozoa (sperm), and therefore he is said to be azoospermic; or the spermatozoa may be few in number in the semen, or weak in activity that they do not have the strength to swim up the genital tract of the woman. There are between 200-500 million sperm at a normal ejaculation,¹⁸ but one sperm out of these that successfully swims up to the egg is able to fertilize it.

Furthermore, the temperature of the testicles can affect the production of sperm. ‘Some men become temporarily infertile in hot environments or from wearing tight undershorts that hold the testicles too close to the body.’¹⁹ This is because the testicles make sperm best at a temperature a few degrees cooler than normal body temperature. In some cases too, ‘Undescended testicles are also too warm to produce healthy sperm.’²⁰ And as Aniruddha Malpani and Anjali Malpani have also explained, ‘Some babies are born with one or both testicles up in their bellies instead of hanging down in the scrotum.’²¹ Even though, they continued, ‘the

¹⁵ Brueschke et al, *The World Book*, p. 489

¹⁶ Brueschke et al, *The World Book*, 490

¹⁷ Llewellyn-Jones, *Everywoman*, p. 89

¹⁸ Aniruddha Malpani & Anjali Malpani, *How To Make A Baby: Overcoming Infertility* (New Delhi: UBS Publishers' Distributors Pvt. Ltd., 2002) p. 22.

¹⁹ Brueschke et al, *The World Book*, 490.

²⁰ Brueschke et al, *The World Book*, 490.

²¹ Malpani & Malpani, *How To Make A Baby*, 59

condition might correct itself by the time the toddler is around 2 years old,' it is advisable to operate on the child 'before two years of age or else fertility can be lost forever.'²² "Treatment with hormonal injections (HCG injections) to cause testicular descent is another alternative".²³ Early treatment is simply necessary, for, undescended testes do get damaged by the heat in the abdominal cavity.

Other causes, among others listed²⁴ include environmental toxins such as chemicals, heavy metal exposures, frequent sex, stress, diabetes, nutrient deficiencies, anti-sperm antibodies and premature ejaculation. Even though frequent sex is mentioned as a factor in childlessness, it is to be noted, however, that 'for couples who have sex only at week-ends (often the price they pay for a heavy work schedule) the chance of having sex on the fertile preovulatory day is only one-third that of couples who have sex every other day.'²⁵ There is the need, therefore, to strike a balance between having excessive sex and little sex, as far as having children is concerned. Medical advice can be sought.

Corrective Measures

From the above, we can notice that it is really not easy to point out one particular reason as being the cause of infertility in marriage. There is the need to pay great attention to the reproductive systems right from childhood. In the case of male children, for example, it is important for parents to watch the formation of their testicles and report any unusual formation to the physician. We are reminded again that 'Undescended or retractile testicles have to be treated during childhood.'²⁶ Men also ought to wear undershorts that are not too tight, for, 'Loose undershorts often

²² Malpani & Malpani, *How To Make A Baby*, 59

²³ Malpani & Malpani, *How To Make A Baby*, 59

²⁴ Holistic-online.com 10th March 2003.

²⁵ Malpani & Malpani, *How To Make A Baby*, 6

²⁶ Brueschke et al, *The World Book*, 490.

help to increase the number of sperm produced.’²⁷ ‘If the sperm count is low, abstinence from sexual intercourse three to four days before the expected day of ovulation should increase the number of sperm ejaculated.’²⁸ If, however, no sperm are being produced or if there is a blockage in the vas deferens, as we stated earlier, then ‘it is seldom possible to cure the condition, although sometimes an operation can unblock the sperm duct.’²⁹ The man would simply have to seek medical examination to determine the cause and possible cure of his situation.

In the case of a woman, there is the need for a proper gynaecological examination ‘to find out if there is any local infection in the vagina, cervix, or fallopian tubes.’³⁰ Furthermore, ‘Vaginal secretions are examined two or three hours after intercourse to make sure that the sperm are still moving vigorously and are not being killed by the secretions.’³¹ If the results of the above tests are normal, then a dilatation and curettage is usually performed to examine the lining of the womb. Other methods are also used. Indeed, there is so much improvement in technology these days that other methods are used to find out the cause of the problem. ‘All women who experience ovulatory problems and attend infertility clinics will be given drugs which can stimulate the growth of follicles (that contain the eggs). In the majority of cases, if an ovulatory problem is their only cause of infertility, this is successfully overcome with the use of such drugs.’³²

²⁷ Brueschke et al, *The World Book*, 490.

²⁸ Brueschke et al, *The World Book*, 490.

²⁹ Brueschke et al, *The World Book*, 490.

³⁰ Brueschke et al, *The World Book*, 491

³¹ Brueschke et al, *The World Book*, 491

³² Simon Fishel, “Assisted Human Reproduction and Embryonic Surgery: The Ethical Issues” in Daniel Callahan and G. R. Dunstan (eds.) *Biomedical Ethics: An Anglo-American Dialogue*, (New York: The New York Academy of Sciences, 1988) p. 55.

Medical examinations, in fact, are necessary to discover the cause of the infertility. This can take the couple's time and money and can affect their emotional and perhaps physical disposition. The good news, however, is that '20 percent of the women conceive before treatment is started. A further 50 percent become pregnant within 2 years of treatment.'³³ The warning, however, is that each partner follows the physician's advice. It really needs a lot of patience, sympathy and understanding by others in the community, particularly from parents and in-laws who usually put too much pressure on the couple and create the anxiety that should rather be avoided in the treatment. They need to know that conception may come sometimes after years of treatment. The tests are not to be stopped after a single problem is discovered for it is possible that infertile couples may have multiple problems.

Of all infertile couples, 'approximately 10%-15% are the true idiopathic (unexplained) infertile couple, and approximately 5% of these will have a spontaneous conception.'³⁴ In other words, some have a fairly good chance of getting pregnant without the need for treatment. That is good news since the majority will be able to have their hearts' desire of children after some time of treatment.

High Technological Assisted Human Reproductive Procedures In Vitro Fertilization (Ivf)

The infertile couple who are not successful with the treatment we discussed above or who may have much more complicated problems may have to go a step further into high technology of reproduction. The first one we will discuss in this writing is the In vitro fertilization (IVF), usually referred to as 'test-tube babies.'

³³ Brueschke et al, *The World Book*, 491.

³⁴ Fishel 'Assisted Human Reproduction,' 54

The term 'in vitro' simply means 'in-glass,' something taking place in a test tube, in this case, outside the womb of the woman. The in vitro technology, in this case, is the process by which the sperm of a man is taken and the egg of the woman is also taken and these are put in a laboratory dish or glass. They are then put in an incubator and allowed to fertilize. Two days later, the fertilized embryo is placed in the woman's womb. The sperm may be taken through masturbation, and the eggs or ova are taken 'from the follicles in the ovary, and this may be done with the aid of an ultrasound scan with either local or general anaesthesia, or by direct visualisation of the ovaries using a laparoscope which requires general anaesthesia.'³⁵

GIFT

There is also the process of GIFT. The term GIFT is simply an acronym for: G – Gamete, I – Intra, F – Fallopian, T – Transfer; which means transferring the sperm and the egg (the 'gametes') into the woman's fallopian tube. Instead of waiting forty-eight hours for the fertilization process to take place in the laboratory, the sperm and egg are placed directly into the fallopian tube and allowed to fertilize there naturally. The fertilized zygote, at the right time, would then travel on its own to the uterus as would occur in a normal fertile woman.³⁶ If, however, the fallopian tubes are diseased, then the sperm and eggs should not be put in them. Instead, the fertilized zygote has to be put directly into the womb of the woman.

Artificial Insemination

Our second method in this writing is the technique of artificial insemination. This involves obtaining the sperm and injecting it directly

³⁵ Fishel 'Assisted Human Reproduction,' 55

³⁶ Sherman J. Silber, *How To Get Pregnant With The New Technology* (New York: Warner Books Inc., 1991) p. 23.

(inseminating) into the neck (cervix) of the womb of the woman. In other words, the sperm is drawn up into a syringe, and then squirted (ejected) into the cervix. This is done where the sperm cannot travel through the canal of the woman. This is a simple and painless procedure that does not require any anaesthesia, as explained to me.

Both procedures (of in vitro and artificial insemination) are used in cases where the couple cannot have a conception through the normal processes of fertilization. Both techniques were first developed in Britain by Dr. Robert Edwards, a Cambridge University physiologist, and Patrick Steptoe, a gynaecologist. The first “test-tube” baby, described as: “a beautiful, normal, five-pound, twelve-ounce girl” was born on 25th July, 1978³⁷. It happened in a clinic near Manchester, England. Hundreds were born after that by 1983. Thousands have now been born through the techniques. The practices are now found in many parts of the world, for example, Australia, USA, France, West Germany, Israel and Ghana. Pro-Vita Specialist Hospital at Tema in Ghana, so far, as at the time of writing and as I was told, had successfully had about one thousand live babies out of the processes since its inception in 1995.

Artificial Insemination or Fertilization through a Donor (AID)

In cases where a husband does not have viable sperm or where he carries traits of genetic disorder which might be passed on to the offspring, the sperm from a donor could be used in either the insemination or in the In vitro/GIFT fertilization. Some agreement is sought first and this is usually done through the doctor. The donor is usually and preferably unknown to the couple, even though his characteristics of say, colour, height, and what are considered to be other important qualities are made known. In fact, the couple do describe the type of features they are looking for in the child. It is said that “many men willing to be donors are

³⁷ Silber, *How To Get Pregnant*, 267.

unwilling to place such a potent piece of information in the hands of someone who may, at a later date, find the desirability of revealing it to a child or some other individual to be greater than the inclination to keep the identity secret”³⁸. Hence the anonymity about the donor. There are, in these days, Sperm Banks out of which desired sperm can be got. It should be noted, however, that in few cases, some couples bring their own donors—of close relatives of the couple.

A woman who is not able to produce eggs or whose eggs are also not viable can go in for a donor’s eggs which can be used in fertilizing her husband’s sperm. In these days, even women in their menopause do go in for donor’s eggs for the fertilization. Pro-Vita Specialist Hospital had its first case of a child born to a woman in her menopause in October, 2003. There are a few others who are pregnant. The oldest menopausal woman to become pregnant through the In Vitro techniques, at the time of writing, is Satyabhama Mahapatra, from India. Satyabhama, 65 years, ‘had undergone IVF treatment at a clinic in Raipur city in the Central Chattisgarh State.... The couple had been married for 50 years and were very keen to have a child.’³⁹ The husband was 68 years. ‘Satyabhama’s 26-year-old niece, Veenarani Mahapatra, donated the eggs while Veenarani’s husband gave his sperm.’⁴⁰

Until recently, the success rate of the procedures was about 20%, that is, it is not automatic that a couple will be able to have their child at one go or in one process. It may take perhaps two or three or four or more trials to come out successfully with a child. Some fortunate ones may have it at a go. Arthur L. Caplan, quoting from the Ethics Committee of the American Fertility Society of 1986, has noted that ‘Success rates with

³⁸ Richard T. Hull (ed.) ‘Review of The Issues’ in *Ethical Issues In The New Reproductive Technologies* (Belmont: Wadsworth Publishing Company, 1990) p. 52.

³⁹ *The Mirror*, 17th April, 2003, p. 16

⁴⁰ *Ibid.*

human IVF techniques have steadily improved since the first birth in 1978. Currently, the success rates vary but have been reported to be up to 25% per cycle of treatment.’⁴¹ There is, however, a further explanation in Caplan’s article that:

The 25% figure in and of itself might seem impressive, since it can be interpreted as showing that all persons who use IVF techniques can expect to have a baby at the end of four attempts. But matters are hardly that simple or that efficient. Success rates in IVF are often measured not in terms of babies but in terms of successful implantations following upon the insertion of an embryo back into the mother... Babies are and must be the final standard by which the technique is assessed.⁴²

The success rate of implantation, at the Pro-Vita Specialist Hospital, at the moment, is 30%. It should be noted that some couples decide not to continue with the treatment for various reasons that include financial, emotional and physical stress, and too many permissions to be absent from work.

Surrogacy

We also have cases of surrogacy, where a surrogate mother, that is, another woman, is sometimes found to carry the embryo of the couple. This happens where the wife’s womb simply cannot carry a baby, or where, for some reasons, there was a hysterectomy (removal of womb) and the woman cannot, therefore, carry a pregnancy. The sperm of the husband and the egg of the wife are fertilized and given to the surrogate

⁴¹ Arthur L. Caplan, “The New Technologies in Reproduction: New Ethical Problems” in Daniel Callahan and G. R. Dunstan, *Biomedical Ethics*, p. 77.

⁴² Caplan, ‘The New Technologies’

mother to carry the pregnancy to full term. The child is then given to the couple soon after delivery. There is a prior arrangement for this, in fact legal documents are signed, and the couple would have to pay all expenses involved till the child is born. Surrogacy is, however:

one of the most difficult issues and many wish to see it as a criminal offence. A number of the authoritative reports, e.g. the Warnock report of the United Kingdom, have supported legislation against commercial surrogacy. The issue has still not been resolved... For young women with normal functioning ovaries but congenital absence of the womb, or in women suffering from cervical cancer (which is on the increase), where the treatment is hysterectomy, the only means for them to have their own child is to resort to surrogacy.⁴³

Some would want the surrogate to be a relative, as happened in Johannesburg, where the fertilized gametes of a couple were placed in the womb of the mother of the woman (of 46 years) who gave birth to triplets!⁴⁴ . Pro-Vita Specialist Hospital has also, quite recently, (in 2003), started the surrogacy.

All the above are done to help couples who, having gone through the earlier infertility tests and treatment, are not able to have children; and who otherwise would only have to accept the infertility as their lot.

⁴³ Simon Fishel, 'Assisted Human Reproduction and Embryonic Surgery: The Ethical Issues' in Daniel Callahan and G. R. Dunstan (eds.) *Biomedical Ethics*, p. 58

⁴⁴ Fishel, 'Assisted Human Reproduction,' 59

Theological and Ethical Issues Involved in the New Reproductive Technologies

Arguments against the New Human Reproductive Technologies

Theological ethicists in particular, and some others, are worried about the new reproductive technologies because they see them as manipulating life, or a playing of God. To them, life is sacred and ought to be considered as such. It is said, for example, that: 'The sacredness of human reproduction has been moved from the bedroom into the laboratory and from a God-designed process to a human technique' of reproductive systems.⁴⁵ Furthermore, the body is considered to be the temple of God and it should therefore, not be violated through such reproductive technologies.

It is also felt that children are gifts from God and one does not have to go to such extent of the high technologies if one does not have a child; 'marriage does not confer upon the spouses the right to have a child, but only the right to perform those natural acts which are per se ordered to procreation.'⁴⁶ So that 'The child is not an object to which one has a right, nor can be considered as an object of ownership: rather, a child is a gift... and the most gratuitous gift of marriage....'⁴⁷ Spouses who find themselves in the situation of childlessness are, therefore, 'called to find in it an opportunity for sharing in a particular way in the Lord's cross, the source of spiritual fruitfulness.'⁴⁸

⁴⁵ John Stott, *Issues Facing Christians Today*, (London: Harper Collins Publishers, 1990) p. 324.

⁴⁶ Cf. Pope Pius XII, Discourse to those taking part in the Second Naples World Congress in Fertility and Human Sterility, May 19, (1956): AAS 48 (1956), 471-473 in Richard T. Hull (ed.) *Ethical Issues*, pp 34 & 39.

⁴⁷ Pastoral Constitution *Gaudium et spes* no. 50, in Richard Hull (ed.) *Ethical Issues*, 34 - 39

⁴⁸ Congregation For The Doctrine of The Faith, in Richard Hull (ed.), *Ethical Issues*, 34 - 39

The couple need to know that:

even when procreation is not possible, conjugal life does not for this reason lose its value. Physical sterility in fact can be for spouses the occasion for other important services in the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children.⁴⁹

To some, therefore, the childless need not go to such extent of the new reproductive processes in order to have children.

The fear of instability in marriage is another argument that is usually raised by some. In cases where donors' gametes of sperm and/or egg are used, some argue that an unholy trinity is created in the marriage as the sperm of another man or egg of another woman is used in the fertilization. 'Recourse to the gametes of a third person,' it is argued, 'in order to have sperm or ovum available, constitutes a violation of the reciprocal commitment of the spouses and a grave lack in regard to that essential property of marriage which is its unity.'⁵⁰ There is also the religious question of whether the conception should not be regarded as adulterous. The husband or wife, it is further argued, may have only a superficial love for that child he or she knows was born out of a donor's sperm or egg.

Furthermore, in surrogacy, where sperm and ovum are contributed by a married couple and given to a surrogate mother, the physical and emotional bonding that takes place between the surrogate woman and

⁴⁹ Pope John Paul II, Apostolic Exhortation *Familiaris Consortio*, no. 14: AAS 74 (1982) 97, in Richard Hull (ed.) *Ethical Issues*, *ibid*.

⁵⁰ Congregation for the Doctrine of the Faith, in Richard Hull (ed.), *Ibid*. p 28

child may be difficult to break. There is no unitive relationship, it has been observed, between 'mother' (wife) who did not carry the pregnancy and the child. There were also reported cases whereby some surrogate mothers refuse to give up the children of their surrogacy. The trauma of surrendering the child at birth is not always easy to bear. For, example, there was a case in 1990, where Mark and Crispina Calvert asked Anna Johnson to be the surrogate mother for their child. She was said to have 'literally rented her womb' for 10,000 dollars, plus all medical expenses. Toward the beginning of the seventh month, however, Anna started having second thoughts about giving up the child she was bearing. In the eighth month, Anna sued for custody of the child. When the child was born, temporary custody was awarded to the Calverts with daily visitation allowed to Anna. The visits were later reduced to twice weekly. It took some time before the Orange County Superior Court Judge, Richard Parslow, ruled that the surrogacy contract was valid, and that since Anna had no genetic stake in the child, she had no parental rights. Thus, the Calverts received exclusive custody of the child.⁵¹

There is, therefore, the whole question of genetic parents versus legal parents. It can be traumatic for the surrogate mother to hand over her "legal child" to the genetic parents.

Furthermore, it is argued, there may be the problem of knowing how the donors are selected, who have the responsibility of selecting and how to be sure that those selected are the breed needed. This is because, as said earlier, in most cases, the identity of the donors are not known, even though the couple do describe the type of features they are looking for in the child and they are also assured of proper screening procedures.

⁵¹ Scott B. Rae, *Moral Choices: An Introduction To Ethics*, (Grand Rapids: Zondervan Publishing House, 1995) p. 149

Some also fear that the value of marriage would reduce as some women may decide to produce children with no evident father – once they are able to get sperm from the Sperm Banks. It should be noted, however, that some Clinics/Hospitals, for example, the Pro-Vita Hospital, never treat or perform the procedures for singles. A further argument is that ‘there are too many children needing parents already. Therefore, “we do not need to improve the supply of children so much as we need to improve their distribution” Our obligations to existing children obviate the need for going to great pains to create others. The solution is to adopt children.’⁵²

Arguments for the New Human Reproductive Technologies

On the other hand, there are those who are of the view that the gains in the genetic emancipation are far weightier than the difficulties that may be associated with the practices. It is argued that when the pain of someone can be relieved or avoided, doing so is usually counted as good; indeed, in most circumstances, failing to do so would be regarded as a moral wrong. According to Selorm Quarcoe, (Pro-Vita Hospital), ‘We see ourselves as vessels being used by God to put smiles on the faces of couples who wait to realize their dreams of being parents, of being mothers and fathers.’⁵³ So that helping or making people to achieve one of the greatest fulfilments in life, that is, child-birth, cannot be taken lightly. It will simply be a lack of feeling toward the profound suffering of those in the bond. That one actually feels an instinctive sympathy for a couple that began their marital life only to discover that they cannot have children. The joy and sense of relief from the stigma of childlessness far outweigh the problems some may raise. ‘When we are personally afflicted with nature’s shortcomings,’ it is said, ‘we hope that technological genius will do nature one better. Moreover, resignation to

⁵² Hans. O. Tiefel, ‘Human In Vitro Fertilization’ in Richard T. Hull (ed.) Ethical Issues, p. 127

⁵³ During one of my interviews with Selorm Quarcoe at the Pro-Vita Hospital, Tema., 2003.

⁵⁴ Tiefel, ‘Human In Vitro Fertilization,’ 121.

our own impotence may be even more unnatural. In vitro fertilization may therefore be defended as a saving detour.⁵⁴

The technologies, some would further argue, help to reduce the incidence of divorce and polygamy, especially in societies like those in Africa, where marriage seems to be equated with childbirth. The procedures are not seen as adulterous – where donor's gametes are used – because no physical contact or unfaithful intentions are involved in them. In other words, there is no personal relationship with the donor. And since it is of a mutual consent between husband and wife, the problem of adultery does not seem to arise at all.

Some would also argue that there is no difference between having blood transfusion or other organ transplants, and receiving sperm or egg from a donor. So that if people would receive blood from others and transplants of say, kidney and heart, then why would they not be allowed to receive donors' sperm or egg in order to alleviate their problem of childlessness? The procedures are expensive, and in Ghana, it can cost about twenty-eight million cedis, as at the time of this write-up, to go through the high technologies. This is because everything is imported from outside the country and the processes demand absolute care and meticulous usage. Other corrective measures that are not of the high technologies can cost far less. And those in need of the high technologies (at the Pro-Vita Specialist Hospital) are not charged any extra monies for the number of trials that they would have to go through till they are successful with the implantation. The remaining embryos of the couple are kept for such future use. In spite of the high cost involved in the high technologies, some would say that they are still worth it when one considers the result of a child. People become too preoccupied with the inability to have a child, and to have the child through the technologies is, therefore, to free them from that preoccupation.

It is also argued that 'Donation customarily is viewed as a charitable act, as in the giving of a gift, giving of love, donation of organ, or giving of life.... In reality the origin of a human person is the result of an act of giving.'⁵⁵ So that donation of a gamete to an infertile couple can be 'an act of generosity.'⁵⁶ Even though it could take emotional, financial and other forms of sacrifices to go through the methods, some would conclude that the procedures are still worth going in for.

It is, one would say, an on-going debate and one may have to reflect on what has been presented so far, alongside one's personal thoughts, in order to take a most suitable decision for oneself. Some would, however, suggest that infertile couples go in to adopt a child as an alternative measure to the high technologies, and we, at this stage, turn our attention to this alternative measure of adoption.

Adoption

As an alternative measure to going in for the high technologies, where the less demanding treatments are unsuccessful, some are advised or do decide to adopt orphans or others. There are two types of adoption in Ghana. There is the Non-Relative adoption and the Relative Adoption.

Non-Relative Adoption

Information on this was taken from a small Brochure of The Department of Social Welfare, titled: Adoption: What You Need To Know. Further clarification on issues was obtained from interviews with Mrs. Sharon Abbey, a director of the same Department. Non-relative adoption is the most common or more preferred type. "This involves legally placing a

⁵⁵ Ethics Committee of The American Fertility Society, in Richard Hull (ed.) *Ethical Issues*, Ibid. p.43

⁵⁶ Ibid.

⁵⁷ Department of Social Welfare (Ghana), *Adoption: What You Need To Know*, n.d.

needy child with no known relative(s) into a family that will provide him/her with a home, care and protection.”⁵⁷ Whoever wants to adopt must be at least twenty five years of age and at least 21 years older than the child to be adopted. The person must be of a sound mind and also gainfully employed.⁵⁸

Forms for adoption are obtained at any Regional Social Welfare Office, for a fee of fifty thousand cedis, as at the time of writing. After filling in and submitting the form, the applicant would then go through a process of examination that includes medical information, visits and investigation of the applicant’s background (by the Department of Social Welfare). A report is then submitted. All these take a maximum of three months. When the Social Welfare Department is satisfied and depending on availability of children, a suitable child is then placed with would-be-parent for a trial period of three months. The Social Welfare undertakes monthly visits during this period. If both child and would-be parent(s) are compatible, then the applicant engages a Lawyer/Counsel to do the legal adoption. An adoption Order may finally be granted by the High Court upon recommendations from the Director of the Department of Social Welfare.⁵⁹ Many prefer adopting children at tender ages, of say between the time of birth and two years, where the bonding can best be done. However, and as stated earlier, an older child can also be adopted, provided the adopting parent is at least 21 years older than the child.

Relative Adoption

Relative adoption is the situation where ‘person(s) with or without children, legally assume the parental rights and responsibilities over a relation, a friend or one’s own child with the consent of the child’s biological parent(s), spouse or guardian(s).’⁶⁰ One can start the

⁵⁸ Social Welfare (Ghana), *Adoption*.

⁵⁹ Social Welfare (Ghana), *Adoption*.

⁶⁰ Social Welfare (Ghana), *Adoption*.

⁶¹ Social Welfare (Ghana), *Adoption*.

procedure by engaging a Lawyer who will initiate the action. The child, in this case, should be less than 18 years.⁶¹

It should be noted that in both cases of relative and non-relative adoption, 'Adoption is incomplete without the granting of Adoption Order by the Court.'⁶²

A Reflection

This little reflection, as stated in my introductory part, is made from an African Christian perspective.

Marriage

It is true to say that marriage, with children, is valued greatly in African society. It is also true to say that to reach a marriageable age of about thirty years and above and not getting married is to draw attention to oneself, for, African society would think there is something wrong with such a person. The communal life in Africa is also such that childlessness in a marriage is of concern to almost everybody in the community.

From a Christian perspective, we would say that, like the African cultural situation, marriage is of value to believers. For, the marriage institution is seen as a divine one, instituted by God Himself when God created Adam and Eve in the Garden of Eden. It is to serve as a means of having companionship with one another (Genesis 1:27; 2:21-25).⁶³ Married couples are able to have support and a reciprocal commitment of loving one another. One can have, through the marriage, an easy consultation with a 'second head' in matters of decision-making, especially in matters that may be difficult for one person to take a decision on. The usual saying goes that: 'Two heads are better than one.' Marriage can also be

⁶² Social Welfare (Ghana), *Adoption*.

⁶³ All Biblical quotations, unless otherwise stated, are from *The New Student Bible, New International Version* (Grand Rapids: Zondervan Publishing House, 1992).

for procreation since God further said to Adam and Eve to 'Be fruitful and increase in number' (Genesis 1:22). And in marriage, couples are able to give the needed care to the children – physically, emotionally and psychologically.

Having talked about the value of marriage, we, however, need to point out that the biblical scriptures do not look mean upon singleness – as if it is unchristian not to marry. According to Jesus, 'For some are eunuchs because they were born that way' (Matthew 19:12). In such a case, no amount of societal pressure can make a person to marry, for, it seems that is the way it is meant to be for him or her, perhaps just like Jesus Christ himself. There are some also who are not married because they 'were made that way by men; and others have renounced marriage because of the kingdom of heaven.' (Matthew 19:12). Some do not marry because of various situations in life. Some become celibates in order to devote their time to study and impart the knowledge gained out of God's Word without marital or family distractions. In other words, such people devote themselves completely to the ministry without the added concerns of spouse and family (1Corinthians 7:32-34). Those who are not married are therefore, not condemned by the Bible or seen as an abomination to God. They are, indeed, asked to be content with their situation, so long as they devote themselves to God (1Corinthians 7:8). Their devotion to God includes their exercising of self-control, that is, their not 'burning with passion' (1Corinthians 7:8-9). Those who are not able to exercise the self-control are advised to marry. The unmarried person, in the Christian Religion, is therefore, of equal importance to God as the married person. He or she is not an anomaly, the way some (African traditionalists or Christians) would want to portray the unmarried person. Jesus Christ (Matthew 19: 12) further said that: "The one who can accept this should accept it". The important thing is to adopt a positive attitude to life in whatever state one has found himself or herself.

Childlessness in Marriage

One would say that it is true also to say that children are highly valued, not only in African society, but in many cultures throughout the world. Indeed, it is the desire also of many individuals to have children. Needless to say also that it is children who are the perpetuators of humankind. They give joy (but sometimes also sorrow where they lack understanding) to those who have them. Couples who have married for many years without having children become worried and sometimes so preoccupied with the situation that other things seem to be secondary (to that preoccupation).

We see in the Bible, the desperation for a child when, for instance, Hannah suffered mental torture because of her childlessness, as her rival "kept provoking her in order to irritate her" (1Samuel 1:6). Hannah had to pray a deep prayer at one time saying: 'O Lord Almighty, if you will only look upon your servant's misery and remember me, and not forget your servant but give her a son, then I will give him to the Lord for all the days of his life' (1Samuel 1:11). This vow was later fulfilled when Hannah had a son. Another example is that of Sarah and Abraham who wanted a child so much that Sarah had to manipulate Abraham to have a child with their maidservant, Hagar, so that she (Sarah) 'can build a family through her' (Genesis 16:2). Children are, indeed, valued greatly in various cultures. They are, to some, the greatest gift in marriage.

Even though having a child may not be a 'right' but a gift, one may, therefore, say that, like other gifts, human beings do desire them. It is, therefore, not out of place if infertile couples make attempts to find out the cause of the infertility in order to determine the most appropriate form of treatment. The treatment may take the form of treatment that is less involving emotionally and financially than the high technological processes that have been discussed. Those who may want to go through

the high technological processes need to know, however, that it involves financial and emotional resources, and the success rate is about 25%-30% for any of the trials. In other words, it is not automatic that one would become pregnant at a go or even with many trials with the new reproductive processes. Perhaps we need to take the advice of specialists in the field that 'No couple should attempt IVF until they are certain that no other method of treating infertility would be more appropriate for their particular situation.'⁶⁴ As advised again by them:⁶⁵

The hardest part of the whole procedure is dealing with failures. It is inevitable that when the first IVF attempt fails, you just stop wanting to try because you don't want to fail again. If you could just keep it in perspective and know IVF is a trial-and-error scientific procedure and sometimes you just have to expect problems that will help a great deal.

Nevertheless, some of those interviewed, who went through the processes successfully, showed deep sense of relief from their childlessness and happiness for the children they now have. The children also looked healthy, in fact, very normal. Some, however, who were not successful after a few trials, felt the processes are simply 'too emotionally demanding aside from the financial expenses involved.' Asking permission from work to go through the tests and other procedures was also a major problem to them. It seems a lot of care is taken of clients, at least at the Pro-Vita Specialist Hospital, that I did not have reports of some becoming very sick in the course of the processes, when I asked about that. The embryologist, Selorm Quarcoe, actually told me that the hospital has overcome a problem that could cause a lot of

⁶⁴ Geoffery Sher, Virginia Marriage Davis, Jean Stoess, *Invitro Fertilization: The A.R.T. of Making Babies* (New York: Facts On File, 1995) p.102.

⁶⁵ *Ibid.* p.128.

discomfort and sickness, ovarian hyperstimulation. The eggs are to be harvested at the right time and other precautions taken against infection or dangerous conditions that can cause discomfort to those involved. Further research can be made about this with whichever hospital one wants to attend.

An alternative measure to the high technological processes may be to adopt a child, through the adoptive processes, as we discussed earlier. Adoption may make the couple have a sense of fulfilment, bring about the needed joy of parenthood, and above all help to parent a child who otherwise would have no parents. It is to be noted that, 'In truth, the child's personality, intelligence, and even athletic skill (though not size, hair color, eye color, or body build) are overwhelmingly related to how he was raised in the very first year or two of life.'⁶⁶ So that an adopted child can be raised to become, to a large extent, what the parents expect of him or her.

Like every other human institution, however, adoption may have its own problems. For example, the adoption is sometimes revealed to the adopted child by some who do not qualify to tell him or her and at a stage where he or she ought not be told. According to the Ghanaian 1998 Children's Act 560, Clause 72, an adopted child may be told of the adoption only if he or she is at least fourteen years of age; and by the adoptive parents only. No person other than the adoptive parent shall disclose adoption to the adopted child. However, some unscrupulous persons do tell the adopted children about their adoption, thus, making them to start looking for their biological parents. People, Africans, in this case, ought rather to be empathetic and sensitive enough to accept the adopted children as members of their own flesh and blood families, for,

⁶⁶ Silber, *How to Get Pregnant*, 214-215.

after all, all human beings can trace their coming into existence to one same father, God, the creator. Some of the adopted children show much gratefulness and love for their adopted parents even if they later learn about their situation. And there is happiness to all where members of the society show understanding, empathy and sympathy. Those who intend going in for adoption need counselling from those who have been trained for such professional jobs and with prayers, they would be able to cope with the situation.

Having said the above, one would also say that it should be possible for couples who have no children in their marriage, to enjoy the marriage - if only there would be no harassment from in-laws and others, who see the marriage as incomplete without children. The facts of the case are that, whether we like it or not, it is not every human being who can give birth to a child. This is because some have inherent reproductive defects. Some men also produce sperm that are not viable at all. Some undergo surgical removal of the uterus in later life as a result of some medical complications. Sometimes also some chronic ill-health like severe diabetes makes pregnancy inadvisable. There are other forms of infertility that scientists are yet to give explanations to; in other words, and as we said earlier, some of the infertility problems are simply idiopathic. We simply do not know the cause of the infertility. Where treatment is simply impossible, then, people may have to accept the facts, stop harassing childless couples and see marriage as complete, even where there are no children. There are after all many others in families and society who would give birth to children to fill in the gaps. In other words, and in my conclusion, therefore, if couples are gifted with children, they should accept them with thanksgiving. If they are suffering from any form of infertility that is treatable, they can seek treatment. If they desire to attain fulfilment in having a child and therefore would want to go in for adoption, let them seek advice and do

exactly that. It is only when the couple know that the people will understand, that they can relax. It needs a concerted effort of trying to appreciate the intricacies that are involved in infertility so that couples can live happy lives in their marriage even where there are no children of their own flesh and blood.

The Church and society would have to give thorough teaching on marriage and childbirth/childlessness, before and after marriage, so that couples can live their lives with full happiness with or without children.

Glossary

Anorexia nervosa: A psychological illness, especially in young women, characterized by an obsessive desire to lose weight by refusing to eat.

Artificial Insemination by Donor (AID): The injection of donor sperm into the woman's reproductive tract for conception to take place.

Artificial Insemination by Husband (AIH): The injection of a husband's sperm into the wife's reproductive tract for the purpose of conception.

Azoospermia: The absence of sperm in semen.

Cervix: Neck of Uterus that protrudes into the vagina.

Chlamydia: A sexually transmitted disease that can cause impaired fertility.

Cyst: A sac or cavity of abnormal character containing fluid.

Ectopic Pregnancy: Where a pregnancy is formed outside the uterus, usually in the fallopian tube, the ovary or abdominal cavity.

Embryo: A term used to describe the fertilized egg and sperm, in the early stages.

Endometrium: A lining inside the walls of the uterus in which the fertilized egg implants. If pregnancy does not occur, the lining is shed along with blood as the menstrual flow.

Fallopian Tubes (oviducts): A pair of narrow tubes, attached to the upper part of the uterus on either side that carry the egg (ovum) from the ovary to the uterus. The sperm fertilizes the egg in one of the fallopian tubes.

Foetus: The developing baby.

Fimbriae: The fringed and flaring ends of the fallopian tubes that capture the egg after it has been released from the ovary.

Follicle: The structure in the ovary that nurtures the egg.

Gamete: The sperm or egg (ovum).

Idiopathic: (Unknown or Unexplained): The term used when no reason can be found to explain the cause of a medical condition.

Infertility: The inability to achieve a pregnancy, usually after one year of regular unprotected sexual intercourse.

In vitro Fertilization (IVF): The term in vitro literally means in glass. IVF is the procedure used in fertilizing the sperm and egg in a laboratory glass, i. e. outside the human body.

Mumps: A contagious viral disease with swelling paratid (that shows in the salivary gland in front of the ear). It can cause severe damage to the testes (testicles).

Oocyte: The egg.

Ovulation: The discharge of a mature egg, usually at about the midpoint of the menstrual cycle.

Salpingitis: Inflammation of the fallopian tubes.

Semen: The fluid ejaculated by the male at orgasm. Consists of sperm and seminal secretions.

Sperm (Spermatozoa): The male reproductive cell.

Surrogate Mother: A woman who gestates an embryo and then turns over the child to the biological parents (those who produce the gametes) after birth.

Testicles: The male sexual glands of which there are two, contained in the scrotum. They produce the male reproductive cells, the sperm and the hormone testosterone.

Ultrasound (Sonography): An imaging technique for visualizing the growth of ovarian follicles during infertility therapy.

Uterus: The hollow, muscular organ in the woman that holds and nourishes the foetus until the time of birth.

Vas Deferens: The spermatic tube from the testicle to the urethra.