

Need for Regulation of Assisted Reproductive Techniques in Africa

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Abstract · Reproductive health and population control are part of the goals developing countries are called upon to pursue as part of the millennium development goals (MDGs). Indeed, population health is one of the parameters used in assessing progress towards achievement of these goals. Thus, assisted reproductive techniques, which provide a way out of infertility, are not only relevant to the discourse on reproductive health and population control but also to the discourse on development. In Africa, however, attitudes towards utilization of the techniques have not attracted commendable scholarly attention. This paper reports the findings of a study that attempted to close this gap, through investigating Africans' attitudes towards the techniques, taking the case of Nigeria. It reports that while some people perceive the techniques as beneficial, others find their utilization offensive to their moral sensibilities. Subsequently, it is recommended that relevant authorities regulate the utilization of techniques.

Keywords · Reproductive choices · Health · Population control

*Besoins de Régularisation de Techniques d'Aide dans Reproduction en Afrique · Résumé · La santé de reproduction ainsi que le control démographique font partie entière des objectifs auxquels les pays en voie de développement sont appelés à poursuivre dans le cadre d'Objectifs de Développement du Millénaire (ODM). Certes, la santé publique est une des paramètres considérés dans l'évaluation du progrès envers la réalisation de ces objectifs. Raison pour laquelle les techniques d'aide dans reproduction, qui pourvoient une voie de sortie à la stérilité, deviennent non seulement importantes au débat lié à la santé de reproduction et control démographique, mais aussi au débat général sur le développement. En Afrique, cependant, les attitudes vers l'utilisation de ces techniques n'ont pas encore attiré une attention scientifique considérable. Cet article reporte les résultats d'une étude qui a tenté d'occuper le vide, par le biais d'investigation dans les attitudes des Africains vers ces techniques, prenant pour cas le Nigeria. L'article reporte qu'alors que certaines personnes perçoivent ces techniques comme étant bénéfiques, les autres trouvent leur utilisation comme étant offensive à leur propre moralité. Conséquemment, cet article recommande que les autorités responsables puissent régulariser l'utilisation de ces techniques. **Mots clé** · Choix de reproduction · Santé · Control démographique*

Introduction

Since the birth of Louise Brown in 1978², embryologists have not ceased to come up with innovations with the hope of solving the problem of infertility. Some of the genetic inventions,

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though helpful, are opposed by ethicists on the ground that their procedures are objectionable. Feminists and others who were particularly passionate about the plight of infertile women fought strenuously to ensure that embryo research was not stultified, given the unfavourable cultural and judicial climate in many jurisdictions. Absence of regulation of the practice of ART (even in first world countries), have not helped matters much. In the United Kingdom for instance, it took about twelve years of advocacy before Parliament came up with the Human Fertilization and Embryology Act, 1990, a legislative landmark in the regulation of the practice of ART³. The Act regulates the practice of ART in the U.K. It also provides a pattern for the rest of the world on the role of the law in regulating human reproduction in view of emergent trends in embryology research. More than two decades after that defining moment, many African countries are yet to take a firm stand towards regulating embryology research and practice.

The lack-lustre stance of many developing countries in addressing the twin issues of reproduction and population health is a bane of their under-development. Recent projections, given the Millennium Development Goals (MDGs), reiterate that no serious nation can neglect the reproductive health of its citizens. Any nation trifling with the reproductive pattern of its people does so at its own peril. For sub-Saharan Africa, mostly faced with grim statistics of poverty, epidemics, political and economic devastation, violent crimes, human rights abuses, refugee crises, illiteracy, alarming maternal mortality rate, etc. meeting the MDGs is still a far cry. The situation is compounded by chronic population planning problems. Substantial parts of uncontrolled population of the developing world are living with HIV/AIDS. Thus, issues bordering on population and reproductive health are central to development planning, since they impact directly on human development indices⁴. Human reproduction is not merely to be considered from the personal health of the individual but also in terms of the overall health of a nation. To this extent, efforts at providing a remedy for infertility problems should attract a holistic approach.

Those who push for reproductive choices as individual rights consider infertility as a condition which may be addressed by the advances in embryology research⁵. For these proponents, society should welcome the choices offered through ART and all barriers hindering fertility should soon give way in the face of a favourable research climate. This will enhance the reproductive health of the citizens⁶. Reproductive rights should be enshrined in the national laws, to reinforce access to new reproductive choices⁷.

On the other hand, opponents of ART, harped on moral and ethical instincts⁸, argue that the natural order for human reproduction is sacrosanct. They contend that God ordained human reproduction only within the confines of holy matrimony⁹. ART involves tinkering with the human body in unnatural ways. Man should not play God. Legalising free access to ART is inherently “evil”, since it promotes deviant behaviours like masturbation and gay practices. Reproductive

² A feat of Dr. Patrick Steptoe who invented the “test-tube baby” as a unique assisted reproductive technique. See Dixon, Patrick (1993) *The Genetic Revolution*, London, Kingsway Publications, 1993.

³ ART is acronym for Assisted Reproductive Technique, a medical practice for solving infertility problems through artificial reproductive means including in vitro fertilization.

⁴ Adewuyi A. A. (2008) “Enhancing and Packaging Knowledge”, Project Report of the Obafemi Awolowo University, Ile-Ife / Bill and Melinda Gates Institute, John Hopkins University, Baltimore, Partnership for Population and Reproductive Health 2003 – 2008, p. 8.

⁵ Bennett, Ruth V. and Brown, Linder K. Myles (1993) *Text book for Midwives, (ELBS)* 12th Edition, London 1993.

⁶ Brazier, Margaret, “Reproductive Rights: Feminism or Patriarchy”, in *The Future of Human Reproduction: Ethics, Choice and Regulation*, Clarendon Press, Oxford, London, 1998.

⁷ Bennett, Ruth V. and Brown, Linda K. Myles, *Textbooks for Midwives, (ELBS)*, 12th edition, London, 1993.

⁸ Harris, John and Holm, Sorem (editors), *The Future of Human Reproduction: Ethics, Choice and Regulation*, Clarendon Press, Oxford, London, 1998.

⁹ Dixon, Patrick, *The Genetic Revolution*, Kingsway Publications, London, 1993.

rights actually destroy the moral fabric of the society and lead to unwarranted population explosion among other health and social problems¹⁰.

The controversies generated by these opposing views are yet to be resolved. Society must strike a balance¹¹. For example, what views should have been considered where a desperate woman seeking help to produce just one baby was placed on fertility treatment which made her to produce a set of six viable foetuses? In such a situation what guides the clinician, feminist views or regulators' view¹²? The question has always been: how far should society go in recognizing free access to reproductive choices?

Objectives

The major aim of this study, therefore, was to assess the acceptability of ART in Africa, to generate information on society's response to the reproductive choices offered by fertility clinicians. The specific objectives of the study were to:

1. highlight the society's level of awareness of ART procedures; and
2. appraise the acceptability of ART procedures in light of socio-cultural and religious inhibitions.

Methods

Using a questionnaire, data were collected from a sample of respondents from the four major Nigerian towns of Abuja, Benin-City, Port Harcourt and Ile-Ife. However, the findings of the study are offered for possible generalization to Africa because these cities are not only highly similar to cities across the continent but legislation on ART is also generally nonexistent in other parts of the continent. The respondents were purposively selected to include clinicians using ART procedures. An average of 200 members of the public (including 100 male and 100 female respondents) were also selected for interview in each town where the study was carried out. All the respondents from the general public were selected with systematic sampling techniques for educated and uneducated as well as married and unmarried persons so as to get balanced views of members of the society. For the purpose of the qualitative data, both in-depth interview technique and focus group discussion were employed.

The four key locations for the study provided unique opportunity for assessing the changes brought on traditional reproductive patterns by modern technology. Although Ile-Ife and Benin-City are ancient towns with rich cultural heritages for Yoruba and Bini ethnic groups, they are also growing modern towns where universities and modern structures are located. They are assumed to still retain traditional cultures while Abuja and Port Harcourt are modern cities that could afford to provide ideas which were products of dysfunction of cultures. With this background, the study was deeper than merely working on the mono-causal beliefs on fertility. In Ile-Ife, the study covered 177 respondents while in Benin, Abuja and Port Harcourt, a sample of 200 respondents in each town was drawn. The socio-demographic and economic characteristics of the respondents were also presented in the analysis.

Findings and Discussion

Table 1 shows the distribution of respondents by age, gender, marital family type, number of children, religious affiliation, occupation and income.

¹⁰ Harris, John and Holm, Sorem, *The Future of Human Reproduction: Ethics, Choice and Regulation*, Clarendon Press, Oxford, London, 1998.

¹¹ Dixon, Patrick *The Genetic Revolution*, Kingsway Publications, London, 1993.

¹² Harris, John and Holm, Sorem, *The Future of Human Reproduction: Ethics, Choice and Regulation*, Clarendon Press, Oxford, London, 1998.

Table 1: Distribution of Respondents

	Category	Ile-Ife		Abuja		Benin		Port Harcourt		Total	
		f	%	f	%	f	%	f	%	f	%
Age	<30 yrs	26	14.7	28	13.2	10	5	10	5	74	9.3
	31-40yrs	53	29.9	72	34.0	80	40	80	40	285	35.9
	41 – 50yrs	61	34.5	80	37.7	50	25	80	40	271	34.1
	51-60yrs	24	13.6	16	7.5	50	25	10	5	100	12.6
	61-70 yrs	10	5.6	16	7.5	10	5	10	5	46	5.8
	71 & above	3	1.7	-	-	-	-	10	5	18	2.3
	Total		177	100	212	100	200	100	200	100	794
Gender	Male	76	42.9	96	45.3	90	45	80	40	342	43.3
	Female	101	57.1	116	54.7	110	55	120	60	447	56.7
	Total	177	100	212	100	200	200	200	100	789	100
Marital	Single	34	19.2	44	20.8	50	25	30	15	158	20.0
	Married	109	61.6	128	60.4	140	70	150	75	527	66.8
	Widowed	17	9.6	20	9.4	-	-	10	5	17	5.0
	Separated	17	9.6	20	9.4	10	5	10	5	57	7.2
	Total	177	100	212	100	200	100	200	100	789	100
Family type	Monogamy	116	65.5	136	64.2	110	55	130	65	442	62.4
	Polygamy	61	35.4	76	35.8	90	45	70	35	347	37.6
	Total	177	100	212	100	200	200	200	100	789	100
Number of children	1-5	158	89.3	196	92.5	200	100	200	100	704	95.3
	6-10	19	10.7	16	7.5	-	-	-	-	35	4.7
	Total	177	100	212	100	200	200	200	100	789	100
Religious affiliation	Christianity	135	76.3	168	79.3	150	75	150	75	603	76.4
	Islam	17	9.6	20	9.4	20	10	10	5	67	8.5
	Traditional	25	14.1	24	11.3	30	15	40	20	119	15.1
	Total	177	100	212	100	200	200	200	100	789	100
Occupation	Civil service	17	9.6	20	9.4	-	-	10	10	5	5.9
	Trading	17	9.6	20	9.4	10	5	10	10	5	7.2
	Private sector	17	9.6	20	9.4	20	10	10	10	5	8.5
	Artisans	76	43.0	96	45.3	100	50	90	90	45	45.9
	Driving	25	14.1	24	11.3	30	15	40	40	20	15.1
	Unemployed	25	14.1	32	15.1	40	20	40	40	20	17.4
	Total	177	100	212	100	200	100	200	200	100	100
Income	<\$860	17	12.6	20	9.4	10	5	10	5	57	9.4
	\$1,000 – \$2,000	34	25.2	44	20.8	30	15	30	15	138	22.7
	\$2,000-\$3,000	42	31.1	52	24.5	50	25	50	25	194	32.0
	\$3,000-\$4,000	17	12.6	20	9.4	20	10	20	10	77	12.7
	\$5,000 & above	-	-	-	-	-	-	-	-	-	-
	Total	135	100	172	100	150	100	150	100	607	100

Majority of the respondents (except in Benin), were in the age category of between 41 and 50 years. The respondents in this age bracket also constituted the second largest among respondents from Benin, where the majority, about 40 percent, were between 31 and 40 years. Additionally, in Abuja and Benin, the oldest respondents were about 70 years old but are not considered as very old. Majority of the very old (71 years and above) were in Port Harcourt where they accounted for 5 percent of respondents from that study location. The percentages thin up as the ages advance but the distribution could be said to provide for the opinions of the young, the old and a few very old people. Majority of the respondents are still in the child bearing ages, (i.e. 85 percent) and relatively few are assumed to be knowledgeable in ART procedures.

Across the four study locations, female respondents were the majority. They constituted 56.7 percent of the total respondents. This is seen to be good for the study because in many cultures, infertility has been feminized. Reported cases of infertility among males are perceived to be fewer

than reported cases in females. The pains and burden of infertility on women are also greater. While a man can have multiple partners or vary his partner, women are culturally barred from doing this.

As relates to marital status, married respondents were the majority, accounting for 66.8 percent. The age distribution shows that no one was older than 70 years in Benin, where there is also a zero case of widowhood. In general, cases of separation were higher than those of widowhood. Among other factors, this might be attributable to infertility. Polygamy, traditional values and level of modernity might be associated with the degree of willingness to explore reproductive choices. Those who profess Christian religious beliefs dominated the sample because the study covered three locations in southern Nigeria, which is predominantly Christian.

Almost all the respondents had children. Majority (89.2 percent) of the respondents had between 1 and 5 children. It was only in Ile-Ife and Abuja where respondents had children ranging between 6 and 10. It can be inferred that a case of infertility, except at second degree, was not prominent among the respondents. The occupational distribution of respondents showed that most of them were artisans. Next to this were the unemployed, constituting 17.4 percent. There are different tables on marital status and employment but a cross tabulation may link unemployment to high rate of respondents who are single, while respondents who claimed to be separated might be linked to their status of unemployment and financial inadequacies. Incomes of many of the respondents ranged between less than \$860 and a little above \$3,600 per annum, reflecting a low income cadre of the employed and a not too educationally sophisticated level of the samples. The information on income forms part of data on socio-demographic and economic characteristics of the respondents. The analysis shows the importance attached to fertility or child bearing among the respondents (Table 2).

Table 2: Importance of Children and Consequences of Infertility

	Category	Ile-Ife		Abuja		Benin		Port Harcourt		Total	
		f	%	f	%	f	%	f	%	f	%
Importance of children	Very important	170	90.4	196	92.5	180	90	190	95	726	92.0
	Somewhat important	17	9.6	16	7.5	20	10	10	5	63	8.0
	Total	177	100	212	212	200	100	200	100	739	100
Infertility brings discrimination	Yes	170	90.4	192	90.6	180	90	180	90	712	90.2
	No	17	9.6	20	9.	20	10	20	10	77	9.8
	Total	177	100	212	100	200	100	200	100	789	100

It was important in the view of all the respondents to have children. While 92 percent stressed that it was very important to them, only 8 percent considered it less important. Furthermore, when it was asked whether cases of infertility were discriminated against, 90.2 percent answered in the affirmative. While further assessing the attitudes of member of the community towards infertility, majority (45 percent indicated that people put blame of infertility on women. Respondents who stressed that infertility make people to become suspicious of the woman accounted for 32.1 percent, and in the opinion of 9.8 percent, only few community members showed pity to those concerned.

Data on awareness of ART among the respondents showed that 59.6 percent have heard about ART. The distribution in awareness of reproductive choices revealed that 73.2 percent identified adoption of babies while 13.4 percent identified artificial insemination and in vitro fertilization. In fact, 3.4 percent knew couples who had used ART when respondents were asked to identify conditions that could make a person to opt for ART they identified different conditions. Precisely, 55.02 percent listed inability of a woman to become pregnant as a predisposing factor to opting for ART. Furthermore, 22.4 percent were of the opinion that desire for a baby of specific sex can make a couple opt for ART. Another 22.4 percent indicated that other reasons could be responsible but these other likely reasons were not specified.

Altogether, about 69 percent were of view that ART is good since it allows infertile couples to enjoy aided fruitfulness. Also in the opinion of 11.4 percent, the benefits include the fact that frustration is removed from the lives of infertile women. Twenty percent strongly recommended that the method should be promoted. In all, 74.2 percent supported the use of ART. The reason for supporting the use of ART by 71.4 percent was because it has the prospects of relieving many

infertile couples from the trauma of childlessness. 18 percent believed strongly it is the best option for infertile couples. ART was described as “God’s intervention in human problems”. Even the 31 percent, who failed to specify positive reasons for supporting the adoption of ART while expressing apprehension of some likely adverse effects, recognized its presumed benefits. Consequently, only 23.5 percent suggested that there should be legislation banning (or regulation restricting) the use of ART. A greater percentage of 53.5 percent did not recommend legislation banning ART use.

As to the acceptance of ART in their culture, 40.1 percent of the respondents were indifferent, but 31.9 percent were sure it is unacceptable in their culture. 28 percent held the view that it is compatible with their culture. Significantly, in Ile-Ife, 41.2 percent believed ART is culturally compatible. This response was in contrast with the expressed view in other study locations (apparently because Ile-Ife is more culturally cosmopolitan than the other areas). Half of those who expressed cultural objections to the use of ART also had religious objections, for “it is tantamount to equating mortal man with God” by trying to manipulate His creation. They argued that the “product” (the resulting baby) might not be normal, for such will be man-made. These are seen as disadvantages of ART. On the awareness of any regulation of ART as it is currently practiced, 56.7 percent are unaware of any regulation. However, 43.3 percent stated categorically that no regulation exists.

Conclusion and Recommendation

Assisted reproductive technique has brought some benefits to some people. At the same time, it has offended the moral sensibilities of others. Reproductive choices of today present a long list of possibilities. However, they also present conflicting preferences that societies have to resolve. The emerging views from the society’s perception of reproductive choices highlight the imperfect manifestations of modern clinical practice in reproductive technologies. The responses provide us with a starting point in developing some ethical principles cum regulations for this unique aspect of medical practice. In addition, the paper notes that some of the answers to the questions raised by ART could be found in a developed country like the United Kingdom where some regulations have already been developed.

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