

Ethical Implications of In-Vitro Fertilisation and Embryo Transfer: Africa in Context

Helen Titilola Olojede, PhD
Department of Philosophy,
National Open University of Nigeria
holojede@noun.edu.ng/helenolojede@gmail.com

Abstract

The paper becomes imperative in order to take a critical look beyond popular ideas and bring to the fore some ethical problems inherent in in-vitro fertilisation-embryo transfer. This paper thus analyses these issues with reference to Africa; the relationship of the technique to African conception of life at its beginning and how Africans manage infertility. With a review of relevant literatures and key informant interviews, it examines the arguments adduced for and against human embryo as a human life and the ethical consequences of IVF-ET thereof for the embryo as a human life. It explores the views of Africans on marriage, sexuality and procreation, and how they differ from the idea behind in-vitro fertilisation-embryo transfer. The paper concludes by empathising with the plight of childless married heterosexual couples. It suggests adoption as a viable alternative, and a veritable act of service in favour of childless couples and children who would otherwise live outside the warmth and security of family love.

Keywords: In-vitro fertilization, embryo, ethics, infertility, Africa

Introduction

The breakthrough in human IVF-ET¹ came about in 1978 following the successful application of the technique by Min Chuech Chang's in animals. Drs. Patrick Steptoe and Robert Edwards, gynecologist and physiologist respectively, developed it for humans in the United Kingdom. The first "test-tube baby", Louise Brown, was born in Oldham, England on July 25, 1978 amid intense controversy over the safety and morality of the procedure.² As Artificial Reproductive Technique (ART) IVF-ET is not considered a therapeutic method because it cannot cure

infertility. It was developed to bypass infertility due to problems associated with the fallopian tube, but it eventually became successful in many other infertility situations as well. IVF poses ethical concerns primarily because it bypasses the natural method of conception and creates life in the laboratory, which inevitably includes the fertilisation and the discard of excess embryo.³ This paper examines some of these ethical concerns, and also the peculiarity in the way infertility is handled in the Africa system

Human Embryo as a Human Life

Based on the argument from continuity, the zygote is substantially the child that is born nine months later. What is witnessed is a unique and continuous circle of development of one and the same individual from being an embryo to a newborn, to an infant, to an adult and eventually back to a “child” at old age. This individual’s specific development from the womb to the tomb does not admit any substantial leap.⁴ Therefore, the human embryo is human life in the biological sense; it is living rather than dead and human rather than bovine. Further insights from biology and genetics show that the embryo that results from the fusion of the parent’s gametic material is unique and irrepeatable.⁵ This implies that, human beings are not things; therefore, their lives must not be sacrificed even for the sake of supposedly good ends, like producing children for the infertile. The human embryo is a living member of the homo sapiens species in the earliest stages of development and thus as a matter of basic justice, a possessor of inherent dignity and a right to life.⁶

Although cognizance is taken of the arguments of those who believe that individual life begins at implantation or after the powers of twinning and fusion have passed⁷; it should however, be noted that the arguments advanced to support these beliefs collapse under scrutiny. The desire to use human embryo in research or to further a means should not obscure the grasp of what embryos truly are from the moment of fertilisation, namely, nascent members of the human species, worthy of that fundamental respect and protection that justice demands for every member of the human family.

Immanuel Kant’s second formulation of the categorical imperative corroborates the above position that we should “always act so as to treat

humanity, either in ourselves or in others, always as an end, but never as a means to an end”.⁸ What Kant means is that humans have an intrinsic worth, that is, dignity, because they are rational agents, which means that they are endowed with intelligence and freewill. By arguing that rational beings must be treated always as an end, and never as a means, Kant submits that we have a strict duty of beneficence toward other persons. Thus, we must strive to promote their welfare; respect their right, avoid harming them and generally endeavour to further their wellbeing. We should never manipulate people or use people to achieve our purposes, no matter how good those purposes may be. The embryo as a human life is a subject entitled to rights, an end in itself.

The sacredness of the life of the embryo implies, therefore, that it cannot be used for research or experiment that is not directly therapeutic. It should not be thawed and donated like properties; or be commodified. This is because all these do not advance the good of the embryo.⁹

Implications of the Sacredness of the Life of the Human Embryo

To further make a case for the sanctity of the human embryo in the process of IVF-ET, the Warnock Report addresses some of the difficulties associated with the technology in these words; “the interest of the child dictate that it should be born into a home where there is a living, stable, heterosexual relationship.”¹⁰ This implies that the access of single persons, homosexual couples, unmarried heterosexual couples, widows and widowers to IVF-ET might not be morally right. This is because these categories of people do not fall within criteria of having a balanced home where there is a man and woman relationship, which the Warnock Report stipulates.

The moral problem persists even in the case of married heterosexual couples. This is so because; IVF-ET disregards and dissociates the marital bond. The children who come by way of IVE-ET are not begotten, but ordered, made and manufactured. The process of IVF-ET claims right to a child which goes contrary to the child’s dignity and nature. The child is not an object to which one has a right, nor an object of ownership. She is rather a gift to the union of the parents. Another fundamental ethical issue in IVE-ET is the high rate of embryo destruction involved in the

process¹¹. This can be from left-overs not transferred into the woman. Or simply the direct abortion of growing babies under the guise of pregnancy reduction. In some instances, it is prenatal diagnosis informed by eugenics. All these are ethically problematic since life is sacred and ought to be protected. Taking an unborn life is an immoral act because it is innocent and no combination of tragic circumstances or foreseeable post birth situations can negate this fact.¹²

Surrogate motherhood also presents ethical concerns in IVF-ET. Surrogates are often selected based on their appearances; their mental and physical health. Aside these, they would have demonstrated their fertility, probably through previous life births or through medical examination.¹³ It originally referred to a “host” mother who carried a child conceived through IVF-ET from the egg and sperm of a married couple.¹⁴ In this case, the “surrogate” furnished the gestational phase of motherhood, which the genetic mother could not provide.

It has however radically redefined parenthood. For the woman, seven types of motherhood are now possible. They include, the genetic (the source of the egg), the gestational (the one who carries the pregnancy), the nurturing (the one who raises the child), the genetic-gestational (the source of the egg and the one who carries the pregnancy but does not raise the child), the genetic-nurturing (the one who is the source of the egg and raises the child but does not carry the pregnancy), the gestational nurturing (one who carries the pregnancy and raises the child but does not provide the egg) and the whole mother (who is the source of the egg, carries the pregnancy to term and raises the child). The man has three types of fatherhood. There is the genetic (the one who is the source of the sperm), the nurturing (the one who raises the child) and the whole father (who provides the sperm and raises the child).¹⁵

Surrogate motherhood therefore instrumentalises women, exploits vulnerabilities, and more importantly, violates the dignity of the unborn child, who, like a commercial product, is deployed to satisfy the whims and caprices of others. It further violates the unity and sacredness of marriage and tears at the integrity of the family often dividing wife from husband and separating siblings from one another. Surrogate motherhood

negates the norm of unified motherhood, introducing in its place a bifurcated version of motherhood, which assigns gestation and child rearing to different women.¹⁶

The desire of childless couples to have a child of their own is not ethically problematic in itself; rather it is the process of IVF-ET leading to the manufacturing of a child that raises ethical concerns. IVF-ET as a means of achieving pregnancy is one of the best things to happen to reproductive health restoring happiness and laughter to homes, couples and all those who desire to have children but are militated against by one fertility issue or the other. This feat is probably the reason IVF-ET is resorted to as a means of having a child in infertility situation. The procedure could be an option in the cases of endometriosis, low sperm counts, problem with the uterus or the fallopian tubes, problems with ovulation, the inability of sperm to penetrate or survive in the cervical mucus, an unexplained infertility problem.¹⁷ It is however, fraught with morally contestable implications.

African Conception of Human Life Vis-à-vis IVF-ET

Africans love and honour human life and marriage. For them, children are blessings of marriage and the two cannot be separated.¹⁸ In this vision, marriage itself is almost synonymous with procreation. Consequently, a childless marriage poses a serious threat, not just to the couple, but also to the community.¹⁹ For Africans, both human sexuality and marriage are not only sacred; the act of procreating children itself is also sacred. Conception is not just about the sexual act between a man and his wife that leads to pregnancy, it is rather seen as a blessing from God and the ancestors. Every individual is therefore, the outcome of a human act, as well as God's creation and ancestral blessing. Africans consider human life as sacred in its origin. For Africans, God is not just the source of life; he is also the sole creator of every human life, even before conception.²⁰ This is clearly reflected in the names and attributes of God that people usually refer to, like *Chineke* and *Eleda-ohun-gbogbo* as well as in the names they give to their children, like *Ebunoluwa* and *Onyinyechukwu*.²¹

Expressions of Sexuality are considered sacred in traditional African thought because, they are connected with life, which is sacred in itself.

The use of sexuality must be healthy because African religion views sexual relations as a means to an end, which is the procreation of children.²² These, therefore, reveal that Africans consider a child as a gift of God, which results from a conjugal relationship between a man and a woman, and not a product of scientific technology. Consequently, IVF-ET and other ART, which do not take cognizance of the conjugal act, fall short of African morality regarding the gift of new human life and also the African understanding of conception.²³ This fact is further buttressed by the views expressed on how infertility is managed in Africa, in the oral interviews conducted with persons from different parts of Nigeria knowledgeable in their culture.²⁴

Among the Igbos, the first step when there is infertility in a family is to consult the oracle through the *dibia* to ascertain whether the problem is spiritual or physical. If it is the former, they appease the gods through rituals. If the cause of the infertility is however physical, concoctions to aid conception are prepared by the herbalist for the woman. If these processes fail, another wife is married to the man. The taking of another wife could be done by the infertile woman, or by the man with the consent of the wife. When the new wife is still unable to conceive, the people then acknowledge that the husband is the one with a problem²⁵. In this case, the man's brother or relative is arranged to impregnate the wives of the sterile or impotent man. This arrangement is however done in high secrecy²⁶.

For the people of *Kakwagom* town in *Efigbo* village in Cross River, a woman is known to be barren if after 7-8 years of marriage there is no offspring. The solution is simply to take another wife with or without the consent of the first wife. By the time the second wife is still unable to conceive, before it gets to the open that the problem of infertility lies with the man, she secretly gets pregnant from outside the wedlock and the child from such union is presented as that of the husband's²⁷.

Even though Hausa people of Northern Nigeria usually marry more than one wife, childlessness is still a problem among them. They resolve this problem by consulting the *gunki* (oracle) or *al-jani* (spirit) to appease the gods to bless the woman's womb. In addition to this, *Alo* (a board

containing Islamic writings) is washed as *shantu* for the woman to drink. If the issue is with the man a *laya* (amulet) is given to the man to tie round his waist. The amulet, it is believed, will help the man “perform” better and bring forth a child²⁸.

In the Yoruba culture, the first step is to consult the *Ifa* through the *adahunse* or *babalawo* (Ifa Priest) to know the root of the problem and also the kind of treatment they will adopt. The cause of infertility is always attributed to an offence or disrespect against a particular god or the other.

When the cause of the fertility has been ascertained, the treatment could then be to either make rituals or offer sacrifices to the gods. This could be in the form of carrying *ebo* (sacrifice) to a particular location in the village, mostly where three paths meet (*orita meta*). Or the woman can be asked to nurse *omolangidi*, that is, the sculpture of a child, like a real child for some stipulated period of time. It is believed that by so doing, the spirit of children will be closer to her, to be able to conceive and have her own children. Sometimes the woman could be required to bath with *ose dudu* (black soap), with particular attention paid to the stomach region. *Ewe Aremo* (some combination of leaves for the treatment of infertility) are sometimes given as *agbo* (herbal concoction) for the woman to either drink or even bathe with.²⁹

On the whole, the infertile woman is enjoined to be particularly kind to children, pregnant women, nursing mothers and handicaps; in fact, to everybody in general. Sometimes, she may be asked to bathe in certain rivers because of the belief that the goddess of such rivers gives children to barren women. Example of such a river is the Osun River in the Osogbo, Osun State, Nigeria. If all these steps fail, the next step is for the relative to “donate”, that is, give one or two of their children to live with the woman for her to take care of. The children will grow up to address and know the woman as their mother. The presence of these children, it is believed will aid the barren woman to conceive. This is because, among the Yoruba, it is believed that *ori omo ni o n pomo waye* meaning, ‘the presence of children brings children’.³⁰

Within the same context as above, the husband may also take a second wife to conceive and bear children for the home. If the barrenness however persists in the new wife as well, then the people will realise that the problem lies in the man³¹. This is however handled with secrecy. Appropriate treatment similar to that of the woman is recommended. Most times, *igbanu* (an amulet) prepared by a herbalist is given to the man to tie around his waist. The belief is that the amulet will reinforce his manhood to function better to get his wives pregnant

Conclusion

In conclusion, it can be seen from the above that the process of IVF-ET, even though a technology geared at enabling infertile couples to have children of their own, is laden with many ethical issues. The process also goes contrary to Africans' idea of conception; this invariably implies that the idea of IVF-ET in the context of African is alien. Africans have a unique way of solving the problem of infertility, which does not in any way relate to IVF-ET. Unique basically in the sense that there is no bifurcation of the idea of marriage and procreation; conjugal act and procreation is regarded as sacred and as one unitive act. Consequently, IVF-ET and other artificial reproductive techniques, which do not take cognizance of the conjugal act, fall short of the African understanding of conception. This provides the explanation why some Nigerian couples that adopt the technology as a last resort to have children sometimes do so secretly.

It is understandable to be sympathetically disposed toward childless married couples. However, concern for the human dignity and the respect of human rights, most fundamentally, the right to life, takes precedence in moral philosophy and morality in general. Adoption, however, remains a viable alternative for the childless couple to actualize their yearning for parenthood. It is a veritable act of service in favour of children who would otherwise live outside the warmth and security of family love. This is because not everything that is humanly and technologically possible is, by that fact, wholly morally acceptable.

Endnotes

¹ IVF-ET is an abbreviation for In vitro fertilisation and embryo transfer.

² Cf. Cohen Lecton “The early history of IVF in Australia and outside the UK, and its contribution to the world” available at: [http://en.wikipedia.org/wiki/Invitro Fertilization](http://en.wikipedia.org/wiki/Invitro_Fertilization); accessed on 20th July, 2007.

³ Ibid.

⁴ Cf. William E. May, *Catholic Bioethics and the Gift of Human Life* (Huntington :Our Sunday Visitor Publishing Inc., Indiana 46750, 2000), p. 157.

⁵ Cf. Ibid. See also The Boston Globe ‘Embryo Ethics’ Available at: www.boston.com; accessed on the 13th Aug; 2008.

⁶ Ibid.

⁷ William E. May, *Catholic bioethics and the gift of human life* (Our Sunday Visitor Publishing Inc, Huntington, Indiana, 2000), p.166

⁸ Douglas Birsch, *Ethical Insights: A Brief Introduction* (USA: Mayfield Publishing Company, 1999), pp.54-55. ; James Rachels, *The Element of Moral Philosophy* (New York: McGraw Hill, Inc., 1995), pp.128-129.

⁹ Cf. Jerome Lejeune, *The Concentration Can* (San Fiancisco Ignatius Press, 1992), p. 35. ; Donald De Marco, *Biotechnology and the Assault on Parenthood*, (San Francisco: Ignatius Press 1991) pp. 106-107. ; Mary Geach, “Are there any circumstances in which it would be morally admirable for a woman to seek to have an Orphan embryo implanted in her womb? In *Issues for a catholic bioethics proceedings of the international different to celebrate the twentieth anniversary of the foundation of the Linacre centre* 28 – 31 July 1997, ed. Lake Gormally (London: The Linacre centre, 1999), pp 341-346.

¹⁰ Mary Warnock, *A Question of Life: The Warnock Report on Human Fertilization and Embryology* (Oxford: Basil Blackwell 1985) p. 67.

¹¹ Cf. Jerome Lejeune, *The Concentration Can* (San Francisco Ignatius Press, 1992).

¹² Cf. Donum Vitae (*Vatican Instruction on Respect for Human Life in its Origin and in the Dignity of Procreation*, 2000) pp. 19-20.

¹³ Thomas A. Shannon, *An Introduction to Bioethics*, (USA: Paulist Press, New Jersey, 1997) p. 63

¹⁴ Maggie Gallagher, “Womb to let”, *National Review*, April 24, 1987, p.27

¹⁵ Thomas A. Shannon; op.cit

¹⁶ Thomas A. Shannon, *An Introduction to Bioethics*, (USA: Paulist Press, New Jersey, 1997) p. 63. ; Oliver O’ Donovan, *Begotten or Made?* (Oxford Clarendon Press 1984). P.40; see also Sheryl Ubelacker, “Surrogates Ethical and Legal Questions Persist when women bear children for Pay”, *Kitcheners – Waterloo Record*, April 27, 1987: D9. ; Donald De Marco, *Biotechnology and the Assault on Parenthood*, (San Francisco: Ignatius Press 1991) pp. 167-18

¹⁷ In vitro fertilization (IVF) Facts, success rates, multiple births, what expect; available at: <http://www.webmd.com/infertility-and-reproduction/guide/in-in-vitro-fertilisation> accessed on 14th June 2013

¹⁸ Eric Ayisi, *An Introduction to the study of African Culture*, (East African Educational Publishers Ltd., Nairobi, 1992), p. 9.

¹⁹ Paschal Nwaezeapu, *Bioethics: Childlessness and Artificial Reproduction* (Italy: LIBERIT Srl, 2005), p.43.

²⁰ L. Magesa, *African Religion: The Moral Traditions of Abundant Life* (Orbis Books, Mary Knoll, New York 1997), p. 84

²¹ *Chineke*, a name of God among the Igbo and *Eleda-ohun-gbogbo* an attribute of God among the Yoruba of Nigeria, respectively. It connotes that God is creator in reference to life and every created

thing. *Onyinyechukwu*, an Igbo name and *Ebunoluwa*, a Yoruba name given to children at birth, stress the same belief a child is a gift of God

²² L. Megasa, op.cit., p.84

²³ Paschal Nwaezeapu, op. cit., p. 123.

²⁴ Oral interview conducted with Mr. Agwu Nwachi, aged 30. A PhD student in the Department of Sociology. In Achievers guesthouse, Agbowo U.I. On 17th day of March 2008, at about twenty minutes past one o' clock. Oral interview conducted with Rtd. Col. Binang Maurice, aged 67 at the General Studies Compound office U.I., on the 17th day of March 2008. At about ten minutes to two o' clock. Oral interview conducted with Mr. Gemileke Alagbe. A man born, and bred in the North, and still resides in Gombe. Age 23 at the department of Philosophy U.I, on 17^t day of March 2008 at about twenty minutes to four. O'clock. Oral interview conducted with Msgr (Dr) Lawrence Adeshina. Aged 74, at the Seminary of SS. Peter and Paul Bodija, Ibadan. On the 17th day of March 2008 at about thirty minutes past five o' clock.

²⁵It is important to note that in Nigeria, the woman is always a suspect in any case of infertility until it is proven otherwise

²⁶ Oral interview conducted with Mr. Agwu Nwachi, aged 30. A Ph.D student at the Department of Sociology. In Achievers guesthouse, Agbowo U.I. On 17th day of March 2008, at about twenty minutes past one o' clock.

²⁷ Oral interview conducted with Rtd. Col. Binang Maurice, aged 67 at the General Studies Compound office U.I., on the 17th day of March 2008. At about ten minutes to two o' clock.

²⁸ Oral interview conducted with Mr. Gemileke Alagbe. A man born, and bred in the North, and still resides in Gombe. Age 23 at the department of Philosophy U.I, on 17^t day of March 2008 at about twenty minutes to four. O'clock.

²⁹ Oral interview conducted with Msgr (Dr) Lawrence Adeshina. Aged 74, at the Seminary of SS. Peter and Paul Bodija, Ibadan. On

the 17th day of March 2008 at about thirty minutes past five o' clock.

³⁰ Ibid

³¹ In the traditional Yoruba community, infertility is usually attributed and blamed on the woman until circumstances and events prove otherwise like in the case of infertility in yet another wife of the man.

Bibliography

A Brzezinski et al, Ovarian stimulation and Breast Cancer. Is there a link? 52 *Gyneco oncol* 3

(1994).

Ayisi, Eric. *An Introduction to the Study of African Culture*. East African Educational Publishers Ltd., Nairobi, 1992.

Birsch, Douglas. *Ethical Insights: A Brief Introduction*. USA: Mayfield Publishing Company, 1999.

Blodgett, Nancy. "Who is mother?" *American Bar Association Journal*, June 1, 1986.

Congregation for the Doctrine of Faith. Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation: Donum Vitae, Washington, D.C.: United States Catholic Conference, 2000.

Gallagher Maggie. "Womb to Let". *National Review*. April 24, 1987

Gynecological cancers? 40 *International Journal of Fertility menopausal Studies Supplement* 1 1995.

Lancaster, Paul. "Congenital Malformation after In-Vitro Fertilization", *The Lancet*. Dec. 12, 1987.

Lecton, Cohen. "The early history of IVF in Australia and outside the UK, and its contribution to the world" Available at: [http://en.wikipedia.org/wiki/In vitro Fertilization](http://en.wikipedia.org/wiki/In_vitro_Fertilization); accessed on 20th July, 2007

Lejuene, Jerome. *The Concentration Can*. San Francisco: Ignatius Press, 1992.

- Magesa, L. *African Religion: The Moral Traditions of Abundant Life*. Orbis Books, Mary Knoll, New York, 1997.
- Marco, Donald. “*Catholic Moral Teaching and TOT/GIFT*”, *Reproductive Technologies, Marriage and the Church*. San Francisco: Ignatius Press, 1997.
- Mary Geach, “Are there any circumstances in which it would be morally admirable for a woman to seek to have an Orphan embryo implanted in her womb?” In *Issues for a Catholic Bioethics Proceedings of the international different to celebrate the twentieth anniversary of the foundation of the Linacre centre*. 28 – 31 July 1997, ed. Lake Gormally. London: The Linacre centre, 1999.
- May, William. *Catholic Bioethics And the Gift of Human Life*. Our Sunday Visitor Publishing Inc., Huntington, Indiana 46750, 2000.
- Nwazeapu, Paschal. *Bioethics: Childlessness and Artificial Reproduction*. Italy: LIBERIT SrL, 2005.
- O’donovan, Oliver. *Begotten or Made?* Oxford Clarendon Press, 1984.
- Oral Interviews conducted by the researcher.
- Rachels, James. *The Elements of Moral Philosophy*. New York: McGraw-Hill, Inc., 1995.
- Schneider H.P. and Birkhauser M. Does Hormone Replacement Therapy Modify Risks of *Gynecological cancers?* 40 *International Journal of Fertility: Menopausal Studies supplement 1* (1995).
- Shannon, Thomas. *An Introduction to Bioethics*. USA: Paulist Press, New Jersey, 1997.
- Ubelacker, Sheryl. “Surrogates Ethical and Legal Questions Persist when Women bear Children for Pay”, *Kitcheners – Waterloo Record*. April 27, 1987.
- Warnock Mary. *A Question of Life: The Warnock Report on Human Fertilization and Embryology*. Oxford: Basil Blackwell, 1985.



World Health Organisation (WHO). Recommendations on the Management of Services for In-vitro Fertilization from the WHO 1990. *British Medical Journal*. July 25, 1992.

