

# Theological Moral Appraisal of the Challenges of Infertility Treatments on Christian Families in Africa

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This paper entitled, *Theological Moral Appraisal of the Challenges of Infertility Treatments on Christian Families in Africa* seeks to explore the effects of infertility treatments on Christian families in Africa. It also attempts to give appraisal of the activities of birth science and issues surrounding it and proffer some ways forward for its better use to enhance the dignity of humans and safeguard our families. This is because many Christian families in Africa have deviated from the commands of the creator in an attempt to find solution to the problem of infertility that has engulfed many families, with the assistance of the modern reproductive technology. Many Christian families in Africa have broken down, the sacramental nature and the dignity of Christian marriage and family have been relegated to the background; and many legal, moral and social problems from these techniques abound. In this situation, some people are calling on the Church to condemn outright the use of the modern reproductive technology. But this will not solve the problem of infertility which is staring us calling for solution. Some scholars have pointed out that the advent of reproductive technology has come to stay, and that it has already given smiles to many faces and families. This paper employs descriptive, analytical and social methods. The paper argues that Science should not be devoid of Religion. There must be a link between Science and Religion as the creator intended. This will enable the activities in birth science to be in line with the mind of the creator. When this is done as it should, our families and society are spared and the dignity human person respected. Science and Religion are not at war, instead they are meant to serve humans. They are complementary and should always be in partnership to serve humanity.

*Keywords:* infertility treatment, Christian families, moral, Africa, challenges

## Introduction

Families are the foundations of every society. Couples and their children form members of their various families. In the book of Genesis, “God created man in his own image and likeness, in the image of God He created them; male and female he created them”. God blessed them saying, “Be fruitful, multiply, fill the earth and conquer it” (Genesis. 1:26-28). The creator made our first parents male and female, to increase and multiply, to have offspring and to train them in the ways of the Lord. The offspring are special gifts from God to the couples. The couples are responsible to God over the life of these children. Every couple is expected to have their own children. However, it is obvious in our contemporary society that many marriages, both Christian and none Christian are not fruitful. They have no children to show as the result of their conjugal love. Infertility in marriage is not new. Actually this is not peculiar to this age. It has been as old as the institution of

marriage itself, but the rate is very high this period. Infertility in marriage has presented problems in various forms to humanity. In fact, it has been a source of concern for many, and has thrown couples into all sorts of unspeakable experiences and practices. This is because the fight to have a child of their own is becoming stronger and stronger every day, these couples can go to any length seeking solutions to their problems in order to hear a cry of their baby in their families.

Africans couples are not left out. Many African marriages suffer the same fate. Some have played into the hands of dubious traditional medicine men and women, where they were taken advantage of by these dubious persons and were given charms and amulets to wear. They were meant to undergo unhealthy rituals in an attempt to have a baby. Due to their love for children and especially for male children, many African couples can go to any length to achieve this end.

In our contemporary society, science has to the aids of couples who are victims of infertility. Modern technology has come with varied methods to assist such couples to actualize their dreams. Many families today are rejoicing because they can now boast of their own children. However, it is also a clear fact, that why birth science is trying to solve one problem, it is also at the same time creating more problems. The attitude of some scientists in birth science seem to be totally detrimental to the dignity of the human person, endangering our families and so unholy; not to talk about its effects on society at large. This paper considers first the notion or the concept of infertility.

### **Notion of Infertility**

Chambers English Dictionary defines infertility as not productive “barren” (Schwarz, Davidson, Seaton, & Tebbit, 1990, p. 730). This is opposite of fertility, whereby couples are productive and can produce children without much difficult. Normal couples are expected to begin to have children of their own after a year of their marriage. This is because God has given male and women potentials to procreate. If a couple are normally fertile, and have intercourse reasonably regularly, a pregnancy will result within one year of marriage. What it means is that a couple is considered to be infertile after this period and nothing happens, no pregnancy. Infertility then is the inability of a couple to have a child of their own after a year or more of their marriage, irrespective of their having regular sexual intercourse without using any contraception. For the centers for Disease control and prevention, it is the inability to conceive after one year of unprotected intercourse (Ruhi-Lopez & Santamaria, 2011, p. 2). It is a departure under normal circumstance. This is because if everything is working normal, they should have a child. It is an impairment. It then implies the lack of fertility or inability to produce.

Scholars identified two kinds of infertility in humans: primary infertility and secondary infertility. Primary infertility occurs after a year of marriage and no pregnancy occurs despite regular intercourse between the spouses. In this case, the woman has not been pregnant before. Secondary infertility on the hand refers to a situation whereby a woman has been pregnant before but now finds it very difficult to get pregnant again, for at least a year despite of regular intercourse. Nwobi (1997) observes “a woman who has never been pregnant has the problem of primary infertility while a woman who had been pregnant before but has problem of not being able to conceive now is classed as having secondary infertility” (p. 146).

There is also what scholars refer to as sub-fertility. This is a relative state of lowered capacity to conceive. It is likened to secondary infertility. The two actually are the same states developing after an initial phase of fertility. Derek maintains that: “if a couple are normally fertile, and have sexual intercourse reasonably

regularly, a pregnancy will result within one year of marriage in 90 percent cases. For this reason, a couple is considered to be infertile after this time and will require investigations, test and treatments if they wish to have a child” (Derek, 1989, p. 82). The cause of infertility can be traced and be treated, to enable a couple to have children of their own. It is not a permanent issue. However, there are cases where the situations seem irreversible; that no matter what doctors do, the couple cannot have children. They are said to be “sterile”. Leonie McSweeney commenting on this says, “Sterility” is more absolute or finite and it refers to an irreversible state. Take for instance of a woman who has congenital absence of vagina can be said to be “sterile”. Male and female can be rendered sterile by disease. Sterilization is always permanent. In women it is called “tubal ligation” and in men it is called “vasectomy” (McSweeney, 1985, p. 61).

### **Causes of Infertility**

When there is absence of children in a marriage, women are always blamed. People always say that this woman cannot give birth to any child in the marriage. She is not fertile, she is not a woman. She is a barren woman. However, studies have proven that the condition of infertility is not peculiar to women. It can also affect the male partner of a marriage as well. A woman alone cannot make a child. Pontifical Council for Pastoral Assistance to Health Care Workers in the Charter for Health Care worker observes in the beginning God created them male and female, saying: “increase and multiply” (Genesis 1:28). The generation of a new human being is therefore, an event which is deeply human and fully of religious meaning, insofar as it involves both the spouses, who form “one flesh (Genesis2:24) and God who made Himself present”<sup>1</sup>. The male and the female must come together and contribute their quota in order for the spouses to have a child with the special grace of creator. Recent studies in the field of fertility, clearly indicate that “the capacity to have children depends upon the degree of fertility of both husband and wife” (Grugni, 1998, p. 195). There are also cases of unexplained infertility notwithstanding the modern sophisticated machines for test now available. Many factors still remain unidentified. Studies have proven that about fifty percent cause of infertility in a marriage can be traced within the woman. The other fifty percent can be traced within the husband. However, it is clear that there is no single cause of infertility. This is because there are multi step chain of events before a single successful pregnancy takes place. Male and female contribute to this problem

Carmen Santamaria in the *Infertility Companion for Catholics: Spiritual and Practical Support for Couples* give the following as the leading causes of infertility in women: “the failure to ovulate; the abnormality of the uterus and its lining; the obstruction in the cervix and the fallopian tubes or adhesion around the ovaries and fallopian tubes; Absence of tubes and uterus or even the absence of the vagina; disease of the hypothalamic and pituitary system; The malfunctions of the vagina; disease and infections from sexually transmitted disease and unclinically induced abortion; infection of the vagina, cervix, uterus, tube, or ovaries; tumors in cervical or uterine; Use of certain commercial douches or vaginal deodorants containing chemicals that destroy sperm” (Ruhi-Lopez & Santamaria, 2011, p. 5). Going further on the part of men, Carmen Santamaria enumerates the main causes of infertility in male as follows: “immature spermatozoon, poor quality and quantity of sperms; intoxications like arsenic plumb, alcohol, morphine etc.; prolonged radiation of the testicles with x-rays, heat, or chemicals; general infections from sexually transmitted diseases; Infections of the testicles due to gonorrhea, mumps etc.; Severe injuries to the testicles, torsion of testicles and vaicocele; When both testicles are retained in the abdomen known as Cryptorchism; Congenital reduced development of the testicles called hypogonadism;

<sup>1</sup> Pontifical Council for Pastoral Assistance to Healthcare workers, 1995, Paulines Publications Africa, Nairobi, nn.11, 14

Various diseases of the endocrine gland; Blockage of both the spermatic ducts which may be congenital or die to injury, gonorrhoea, etc.; Lack of vitamins particularly important is Vitamin 'E'; Negative and harmful effects of some drugs and the use of contraceptive chemical and physical devices; Diabetes; and Undescended testes" (Ruhi-Lopez & Santamaria, 2011, p. 121). We need to underscore here that it is not very easy for healthcare providers to pin point a cause for infertility, either in man or woman. Again many of the known causes of infertility do not have any cure, they lack any clear cut treatment. All hopes are not lost. The scientists are trying hard to find solutions to them. It is therefore very necessary for spouses to submit themselves to health providers for fertility test to avoid had I known.

### **African Situation**

Africans love children. Traditional African men do not marry for the fun of it. They enter into marriage to have children. In African the primary purpose of marriage is child bearing. It is expected that every marriage should be fertile. Any marriage that has no child to show of it has not existed. It is not a marriage. For them, the woman in question is regarded as another man in the house, and a man cannot keep his fellow man in the house and you call it marriage. It means then that in African society, marriage and procreation are unity. Without fertility marriage is incomplete in Africa" (Mbiti, 1969, p. 133). Many infertile couples have fallen into the hands of quack doctors, many still have fallen victims of dupes and charlatans self-acclaimed prophets. Some victims have gone as far to use un-orthodox medicine and drugs. These practices not only failed them but worsened the condition of infertility. Often, this leads to irreparable damages of the reproductive systems; and can even lead to the death of the woman. Among Africans Infertility condition generates suspicions between the couples, bitter quarrels, accusations and counter accusations, acrimony and at times it involves their relatives. At the heat of this condition when they begin to look for the person responsible, many will go as far as consulting the oracle and it might lead to broken homes, polygamy or even divorce.

With this in mind, one can understand the fate and position of couples without any children of theirs. The infertile couples suffer seriously in the hands of the community members and friends. Hence, some of them go to any extent to look for a child. We have therefore in Africa male and female whose reproductive conditions require the interventions of new reproductive techniques or infertility treatment. Some of these conditions that require the interventions of new techniques are sub-fertility, infertility and sterility. Many have divorced, some separated and still some are living in agony of childlessness.

The advent of infertility treatments has assisted a good number of infertile couples to now have children of their own in Africa. It is necessary to note that the cost of this treatments runs into millions. Not every one of them can afford it. Some people go to the extent of selling all their belongings in other to secure a single treatment. Some families are now in perpetual agony because they used their main earning for the treatment and eventually it failed them. This issue of infertility has forced some young men to make sure that their would-be wives are pregnant before they take them to the altar for church marriage; and on the part of the women to be sure that their would-be husband can perform, some had to sleep with their would-be partners severally before marriage. This is a serious problem and has put families into confusion. According to Angelique Ruhi-Lopez and Carmen Santamaria (2011, p. 120), there are many problems infertility can have on marriage. They gave some of the problems:

- (1) That seeking to create life can cause death of marriage.
- (2) There is disappointment and shame of such a public cross.

- (3) There are high rates of divorce.
- (4) Reproductive problems are often not anticipated, and there is a lot of anger.
- (5) They suffer in silence.
- (6) There is both a physical and a psychological problems.

### **Infertility Treatment**

Thomas A. Shannon and Nicholas J. Kockler (2009, p. 90), in *An Introduction to Bioethics* observe that there are many methods of artificial reproduction. In this paper we shall discuss the basic ones:

(1) Firstly, we have methods that are aimed at the manipulation of the woman's menstrual cycles in order to procure eggs (oocytes) and to prepare her reproductive system for pregnancy. This is done through medications and careful observation of the reproductive system by the scientist with an assisted reproductive technology.

(2) Secondly, there are methods that are designed for manipulation of the eggs and sperm (gametes) and embryos outside the human body. They include the retrieval of both male and female gametes, preparation of those gametes or embryos, and cryopreservation of either gametes or embryos.

(3) Thirdly, are the set of methods of Assisted Reproductive Technology (ART) aimed at the migration of gametes or embryos into a woman's body. One method transfers the male semen into a woman; this is called "artificial insemination". This can occur with a husband's semen (artificial insemination by husband, AIH) or with a donor's semen (artificial insemination by donor, AID). This method is the oldest of artificial reproduction. Artificial insemination is performed with either a syringe or a catheter. The other method that transfers gametes instead of embryos is called "gamete intrafallopian transfer (GIFT)". In GIFT both oocytes and sperm are transferred, to a woman's fallopian tube in the hope that a sperm cell will fertilize the egg to effect pregnancy. With AIH, AID, and GIFT, fertilization and implantation occur in the woman's body.

The other sets of methods aim at transferring pre-implantation of embryos. One method is in vitro fertilization with embryo transfer or IVF-ET. Here one performs IVF and transfers the embryos to the woman's uterus. Another one is that of Zygote intrafallopian transfer of ZIFT, where the Zygote is found in the laboratory after which it is transferred to the woman's fallopian tube. Still we have the one called "tubal embryo transfer or (TET)" where embryos are transferred to the Fallopian tube. In IVF-ET, ZIFT, and TET Fertilization occur outside the woman's body but implantation occurs inside the woman's body.

(4) The fourth one is gestational Surrogacy. This gestational surrogacy is a technique where another woman carries the pregnancy to term. The issue here is that the intending woman is unable to bear a child. The husband or couple then contract with another woman – gestational surrogate – to inseminate her artificially or use other ARTS. She then carries the fetus to term and relinquishes the newborn to couple. The gestational surrogate receives a fee for the job of carrying the pregnancy to term.

### **Infertility Treatment and Family**

It is true that through infertility treatments many couples have gotten children of their own. However, one notices a number of harms the treatments are doing to families. In the first place, the doctors encourage couples who are infertile to bring so many things into their bedroom; and this causes distractions. Bringing distractions is not healthy for the couple's activities in the bedroom. On this Angelique Ruhi-Lopez and Carmen Santamaria said: "bringing distraction into the bedroom detracts from the sacredness of the marital altar and self-sacrifice

and love that takes place there”<sup>2</sup>. The bedroom should be seen as a marital sanctuary, a place of retreat from the rest of the world. The couple’s room should be respected and given the decorum it deserves.

Secondly, the infertility treatment has made the sexual relations of husband and wives something they do not think about again. This is because of the involvement of the doctors. It is now the doctors who dictate for them what to do. This kind of invasion is not needed in the bedroom. The mutual interaction that should exist between couples is lacking. The third party determines for them what they should do.

Thirdly, infertility treatment seems to have separated husband and wives. Hence the unitive and procreative elements of conjugal love are put asunder. It is necessary to note that couples should be able to have sex even when there is no baby to be had. Studies have proved that sex helps men relax and feel loved; and woman also need to feel loved so as to relax and have sex. Otherwise they feel raped. Husbands and wives should not allow their sexual union to revolve only around begetting a child.

Fourthly, the infertility treatment has made the husbands and wives not to be there again for themselves. They are always on the move to meet the demands of the doctors in order to have a child, a dangerous thing for family. Should they come together, they think of what the doctor asked them to do and not what would give them joy and together as husbands and wives. They are near but very far away from themselves. Intimacy that should exist between couples is lost completely as the doctor now determines when they should meet.

Fifthly, the infertility treatments have made the couples not to live their marital vows again. It made them not to remember “in sickness and in health” vow on their wedding day. They have forgotten that commitment. Another vow that has taken a new meaning on this infertility journey is “I will love you and honour you all the days of my life”. How would husband and wife relate to one another when they differ in opinions? Under this kind of situation, one does not rush to pursue any decision because you differ in opinions. The spouses need to trust the Holy Spirit and his guidance for them. It is very essential to honour, trust, and respect one another during this process.

Apart from the above mentioned ones, there are other serious effects the infertility treatment have inflicted on families. Spouses need to seat down and do their homework very well before embarking on any one if at all they should do so.

### **The Position of the Church and Infertility Treatment**

It is important to note from the onset that the Church is not out to teach science as science. What the Church does is to offer criteria for moral judgment with regard to the application of research and technology to human life and its beginnings. The Church differentiates between the technologies that honour the dignity of the couple and the life they are to create and those that devalue human life.

Human beings have both corporal and spiritual nature; created in the image and likeness of God (Genesis.1:26). For this reason, any medical treatment one chooses has spiritual ramification and consequences. Many medical procedures for treating infertility have no respect for human dignity. They reduce humans only to biological components, to mere procreative processes at the expense of the unitive bond of marriage. In-fact, our human love should be able to reflect the sensitive and procreative elements of God’s love for us humans. No treatment whatever should replace intercourse with a third party or laboratory procedure because in such situation the unitive aspect of conjugal love is absent. The Pontifical council for Pastoral Assistance to

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<sup>2</sup> Pontifical Council for Pastoral Assistance to Healthcare workers, Charter for Health care workers, 1995, 21.

Healthcare workers, Charter for Healthcare workers maintains that nature itself dictates that the transmission of human life be a personal and conscious act and, as such, subject to the most holy laws of God: immutable and inviolable laws which must be acknowledged and observed. Going further the council says that “this personal act is the intimate union of the love of the spouses who, in giving themselves to each other, give life. It is a single, indivisible act, at once unitive and procreative, conjugal and parental”<sup>3</sup>.

The Church is specific in her teaching on insemination and in vitro fertilization. These are both reproductive technologies to treat infertility and also the most common ones. Majority of the other procedures are either derived from them or are used in conjugation with them in treating infertility. Artificial insemination by donor (AID), also called heterologous artificial fertilization is not accepted by the church. “Heterologous artificial fertilization is contrary to the unity of marriage, to the dignity of the spouses, to the vocation proper to parents, and to the child’s right to be conceived and brought into the world in marriage”<sup>4</sup>. The Catechism of the Catholic on this procedure also said “techniques that entail the dissociation of husband and wife, by the intrusion of a person other than the couple (donation of sperm, or ovum, surrogate uterus), are gravely immoral. These techniques (heterologous artificial insemination and fertilization) infringe the child’s right to be born of a father and mother bound to each other in marriage. They betray the spouses’ right too becomes a father and a mother only through each other (CCC 2376). Actually AID or egg- donation could hardly be defined as “adultery” or “unfaithfulness within the Christian ethic, but it disturbs the principle of “one flesh” within the Christian Marriage, where sexual union is to be seen to be the active symbol of a conventional relationship. In AID, the procedure is both replacing intercourse, and at the same time introducing a party; and the two are contrary to the position of the church.

With regard to Artificial insemination, the Church is specifically concerned over the means used in insemination. Often what makes insemination illicit most of the time is that often the sperm is obtain through Masturbation. The Church firmly maintains that masturbation is an intrinsically and gravely disordered action. It is contrary to marriage and its purpose (CCC 2352). So for the church masturbation is a grave sin and in reproductive treatment, it is not open to life within the womb. Angelique Ruhi-Lopez and Carmen Santamaria (2011) observe that: Masturbation essentially fails to honour the two fold procreative and unitive purposes of the sexual union” (p. 30). The Congregation of the Doctrine of Faith Instruction on Respect for human Life in its Origin and on the dignity of Procreation says “Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilities and to help so that the act attains its natural purpose”<sup>5</sup>. In the same vein, Pontifical Council for Pastoral Assistance to Healthcare workers, Charter for Health Care worker opines: “In Vitro fertilization (IVF) conception takes place outside the body in vitro ‘in glass’. In vitro fertilization is not in line with the logic of ‘donation’, which is proper to human procreation, but in accord with the logic of ‘production’ and ‘domination’, which is proper to things and effects. Therefore, in vitro fertilization, the child is not born as a ‘gift’ of love, but as a laboratory product” (Forton, 2011). This means that for the Church medical techniques may only assist the procreative act and not to replace or substitute it. Edward J. Forton (2006) says “Conception

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<sup>3</sup> Congregation of the Doctrine of the faith, instruction on Respect for Human Life in its Origin and on the Dignity of procreation, 1982, Vatican Polyglot Press, Vatican City, 24.

<sup>4</sup> Congregation of the Doctrine of the faith, instruction on Respect for Human Life in its Origin and on the Dignity of procreation, 1982, Vatican Polyglot Press, Vatican City, 30.

<sup>5</sup> Pontifical Council for Pastoral Assistance to Healthcare workers, Charter for Health care workers, 1995, nn. 24, 20.

should take place within the body and not outside. A corresponding rules governs the treatment of human embryos (Fertilized eggs), who ought to be conceived through the marital act of a loving couple and not engendered in Vitro by a laboratory technician” (p. 163). In treating the issue of IVF, *Donumvitea* states principles relevant to the resolution of this problem. For the document, the effort in research obtained by IVF is not for “Research purposes” but for “rescue purposes”. The document maintains that it is not in conformity with the moral law deliberately to expose to death human embryos obtained “In Vitro” (*Donum Vitae* Pt. 1. no. 5). Going Further the document continues, “In consequence of the fact that they have been produced in Vitro, those embryos which are not transferred in the body or the mother and are called ‘spared’ are exposed to an absurd fate, with no possibility of their being offered safe means of survival which can be licitly pursued” (*Donum Vitae* Pt. 1. no. 5).

*Donum Vitae* also addresses and rejects “surrogates Motherhood” (*Donum Vitae* Pt. 2. no. 3). The main reasons why surrogacy is rejected are its failure to meet the obligations of maternal love, conjugal fidelity and responsible motherhood and so offend the dignity and right of the child to be conceived, carried in the womb and brought into the world, and brought up by his own parents... (*Donum Vitae* Pt. 2. no. 3). Pope Paul VI in *Humanae Vitae*, number 17, warned us about the grave and dire consequences of rejecting the church’s authentic teaching on human sexuality. For William B Smith (2006), “Those consequences clearly now are as many and as unnatural as human ingenuity can distort”.

### **Theological Moral Appraisal**

At this juncture one is forced to ask an important question—whose need does infertility treatment serve? Is it the parents or the children’s need? Close observation indicates that it is the needs of the parents that it serves. It pays little or no attention to the needs of the children. On the contrary the needs of the children should be primary. It is not enough that the prospective parents want to have children. The desire for children is unreasonable, if the situation into which the child will be born is likely to be harmful to the child’s personal development. The interest of the prospective child should not be subordinated to the interest of the adults involved. It is very clear that the desire for a child gives no right to the prospective parents to a child. Pontifical Council for Pastoral Assistance to Healthcare workers (1995) states: The child is a person, with the dignity of a “subject”. As such, it cannot be desired as an “object”. The fact is that “the child is a subject of rights; the child has the right to be conceived only with full respect for its parenthood. The child’s rights are different from those of his or her prospective parents”<sup>6</sup>. The catechism of the Catholic Church confirms this when it states that the child is not a thing to be owed by somebody. He or she is a human person, an individual. He or she is a special gift from the creator. A child should not be seen or considered as a piece of property (Confer. Catechism of the Catholic Church- (CCC), no. 2378).

Donors involvement in all forms is morally unacceptable not only by the church but also by any right thinking human person. This is because children have right to be born the true child of a married couple. This gives them an unimpaired sense of identity. The church’s position is clearly based on what she sees to be in the interest of the prospective child. According to LaTourelle Jonathan J (2017) on the report of the Warnock committee on of inquiry into Human Fertilization and embryology, there are strong contrary factors ethics would swage:

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<sup>6</sup> Pontifical Council for Pastoral Assistance to Healthcare workers, Charter for Health care workers, 1995, nn. 29, 22.



(1) The use of unknown sperm or ova intensifies the tendency to treat human genetic material as objects to be manipulated and even sold commercially, rather than as the basis for personality. There are dangerous implications for social awareness here.

(2) The use of unknown sperm or ova means that the procreator has no responsibility for his or her offspring. The conception of children is divorced from the context of responsible relationships. While this may unfortunately happen in other circumstances in which a child is conceived normally, here it is built into the process as an inevitable element.

(3) The use of sperm or ova “bank” encourages the selection of certain genetic types as desirable and opens the door to programme of positive eugenic. This is offensive to Christian morality which believes that God gives value to human life rather than mechanical.

(4) The child is deprived of the right to know the identity of its father/mother. It is true this may happen in normal instances of conception, but here again it is built into the process.

(5) While AID or egg. Donation could hardly be defined as “adultery” or “unfaithfulness” within the Christian ethic, yet it does disturb. The principle of “one flesh” within Christian marriage, where sexual union is understood to be the active symbol of a conventional relationship.

From the above exposition it is clear that Christian ethics would be likely to resist the development of egg donation as a normally available method for overcoming infertility. Again LaTourelle Jonathan J (2017), on Committee further gives strong contrary factors against the practice of womb leasing:

(1) The surrogate mother is treated as a mere incubator, ignoring the effect upon her personality and physiology of carrying and bearing a child. It is against the dignity of the woman, the unity of marriage and the dignity of the procreation of a human person (McCormick, 1993, p. 99).

(2) The fetus is also being regarded as less than a potential personality ignoring the interaction between mother and child in the uterine stage. We should not forget that the stimuli from the uterine environment influence the development of the nervous system as well as probably producing feelings that may have a long lasting effect on the child.

From the legal view point, one may ask, when a child is generated with sperm from donor, is the child legitimate? Who is the legal father and mother? Has the child the same legal rights as a “natural” son of the putative father or the man who gave the sperm. In case of the surrogate motherhood, who is the legal mother of the child? Is the child a legitimate offspring of the commissioning parents?

### **Recommendation**

Considering the above issue confronting the family in the face of infertility treatments, this paper proffers the following tools or recommendations to help overcome the difficulties in marriage caused by infertility:

(1) Community support: The infertile couples need strong friendship as this will be of a great help to them on the journey

(2) Counsel and Catholic Advice: The church should not leave them alone. There should be a forum in the church where they shall be receiving counsel and advice from the church.

(3) The ministry: Serving the lords will help them to face the challenges with God and not alone.

(4) Prayer Life: Maintaining an active prayer life as a couple is very important at this critical moment and always.

(5) Continued dialogue: There is need for continued dialogue not only about infertility but also other things to assist these families.

(6) There should be sincere fertility test be marriage to forestall this problem.

### Conclusion

From the above exposition, it is very obvious that infertility treatments or new reproductive technologies raise serious concerns that touch marriage and family in no small measure. The sacredness of human life, human sexuality and self-identity of the child are spared; even the entire society is in trouble. Richard A. McCormick (1993) commenting on the new reproductive technologies opines, “they touch on some very basic human values: marriage and the family, parenting, genealogy and self-identity of the child, human sexual intimacy and even the sanctity of life itself”. The bedrock of the society is here seriously under attack by infertility treatments. Actually the desire for a child is natural; and it indicates the vocation to parenthood already embedded in conjugal love; and when the couple is sterile, the desire is even stronger. However, it should be noted that marriage does not in any way give couples right to have children. The only right it gives is the right to conjugal love that is always open to procreation. Thomas J. O’Donnell (2002) citing Pope Pius XI in his Discourse to those taking part in the second Naples world congress on fertility and human sterility, May 19, 1956, says, “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”. (p. 310). They are already husband and wife before children start coming into the family. The children are coming from God as gifts. Hence, the fathers of the second Vatican Council in one of the document on the Pastoral Constitution, *Gaudium et Spes*, number 50, states that the child is a gift, “the Supreme gift”.<sup>7</sup> So whether there is a child in the marriage or not, their sacramental marriage is still valid. Sterile couple should note that even when they are not able to procreate, their conjugal life does not lose its value at all. John Paul II (1982) on the same issue observes that “physical and sterility can be for spouses’ occasions for other important services in the life of the human person” (pp. 14, 22). They can change the situation and use it to offer humanitarian services to others.

Michael Golden in *All Kinds of Family of Family Planning* says that the basic principle that “what is natural is good” has a corollary that “what is unnatural is evil”. Naturally, children originate in a stable union of man and woman in a way that is physically, emotionally and socially desirable”. This is the basis for family structure which is, in turn the foundation of all stable social structures. The question is can there be any social or moral justification of permitting techniques of conception which do violence to the primary assumption about the relationship between having children through physically expressed love? How can parents have a normal relationship with the child that was conceived in a test-tube?

Moral Decision must take account of all the foreseen effects of the proposed actions – short term and long term effects, effects on the ‘objects’ of the action and on the subject/agent and on society. No one is contesting the fact that infertility treatments have assisted some infertile couples. They have benefited from it and they seem to be happy. However, the good of the society – the common good should come first before the individual benefit. Therefore it is very clear that the borders between legal ethical and social issues in this area are impossible to define.

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<sup>7</sup> Pastoral Constitution on the Church in the Modern World. Vatican II, *Gaudium et Spes*, No. 50, 838.

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