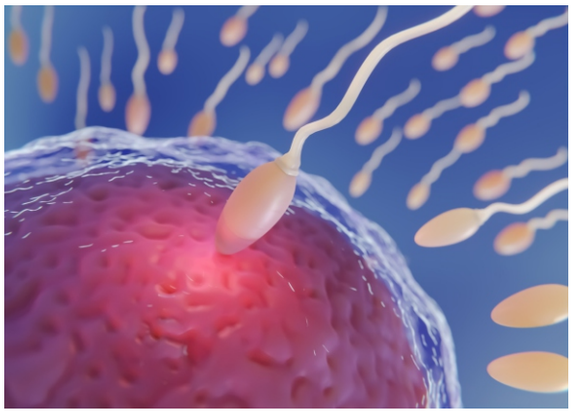
Assisted Reproduction in Nigeria: The Intersection of Culture and Science

By Dr. Richardson Ajayi

This article examines the intersection between culture and science in the context of assisted reproduction in Nigeria. It describes how the development of In Vitro Fertilisation (IVF) sparked global ethical concerns, leading to the implementation of strict regulations in the United Kingdom and other developed countries. The same level of regulatory oversight has not accompanied the expansion of IVF services in Nigeria. This is an essential issue in a country where the cultural emphasis on procreation and the stigma of infertility intensify pressure on couples, sometimes resulting in practices such as paternity discrepancies (where the husband is not the father of the child) as well as other unethical practices, such as baby factories and unregulated surrogacy practices.

This article highlights the conflict between our cultural approaches to dealing with infertility and the strict guidelines that should govern assisted reproduction treatment, particularly in relation to issues such as patient consent, non-exploitation, and the welfare of the unborn child. It emphasises the need for comprehensive ethical frameworks. It urges regulatory, legal, and educational efforts to ensure patient welfare as well as the safety and reputation of assisted reproduction in Nigeria.

The successful delivery of the first IVF baby in 1978 sparked both excitement and ethical debates worldwide. The perception that life was created outside the traditional method raised questions about playing God and altering natural processes. In addition, there were health and safety concerns for the babies born as the procedure was new and untested, with no long-term data available at that time. Critics also feared that IVF might lead to genetic manipulation, eugenics, and the potential for



'designer babies'.

In response to public concern, the UK government took several steps to reassure the public and ensure the ethical development of assisted reproductive technologies. They established regulatory bodies to oversee fertility treatments and research. This led to the creation of the Human Fertilisation and Embryology Authority (HFEA) in 1991, which regulates and inspects clinics, licenses research, and enforces policies. The government also encouraged open discussion on the subject, as well as funding research. These measures helped ameliorate many of the public's initial fears, allowing the discipline to grow under ethical and scientific oversight. Over time, IVF has become a widely accepted and successful method for assisting reproduction, leading to the birth of millions of children worldwide.

While IVF has evolved in Nigeria, this progress has not been matched by regulatory scrutiny. As a result, many IVF clinics across the country function in an environment that lacks proper regulation. To appreciate the importance of this issue, it is essential to situate the concern within the cultural context of Nigerian societies and recognise their diverse methods of addressing infertility.

Informed consent is a key issue in IVF treatment.

Lola Shoneyin's novel, The Secret Lives of Baba Segi's Wives, offers a nuanced examination of how Nigerian women in polygamous households navigate their roles as mothers or childless wives. The story highlights both the societal pressures they face and their resilience in overcoming these challenges. The book explores cultural expectations of motherhood, emphasising how bearing children—especially sons—is seen to secure favour and status within the family. It also addresses infertility and its associated stigma, as well as the ethically complex strategies the wives employ to cope with these pressures.

Paternity discrepancy, as described in this book, is reportedly quite common in Nigeria. Although actual studies to understand the scale have not yet been carried out, estimates suggest as high as 25% of marriages experience paternal discrepancy. Traditional customs, polygamy, and extramarital relationships contribute to paternity discrepancies. These factors are complex and intertwined with local customs, economic pressures, and evolving social norms.

The concern is how to situate a science, such as assisted reproduction, with its own set of rules—often defined in other cultures—within the cultural context of infertility treatment in Nigeria. Informed consent is a key issue in IVF treatment. You cannot treat people with donor gametes without their permission, nor can you proceed without considering the welfare of the child. Procedures like surrogacy must be conducted in a non-exploitative manner. The end does not justify the means, and proper considerations must always be employed. As fertility technology advances, maintaining ethical standards remains paramount to protect patients and preserve the integrity of medical practice worldwide.

The cultural imperative to have children often pushes the boundaries of traditional morality

It is not unusual in Nigeria, for example, for men with sperm abnormalities that cannot be treated with intracytoplasmic sperm injection (ICSI)—a procedure that allows men with sperm abnormalities to father a child—to request the use of donor sperm for their wives without their wives' consent or

knowledge, to maintain the appearance of virility. Similarly, some women with low ovarian reserves who require donor oocytes to achieve pregnancy may request the use of donor eggs without their husbands' knowledge or permission, to give the impression that they are the biological mothers of the child. Likewise, specific couples commission surrogacy arrangements to increase their chances of taking a baby home by transferring embryos into both the wife and a surrogate simultaneously. This practice, known as concurrent embryo transfer, can lead to ethical concerns such as exploitation, confusion regarding legal parentage, emotional stress for both women involved, and challenges to children's identities. It may also create complex legal and regulatory problems, establishing concerning ethical precedents.

While most clinics with an ethical approach to the management of infertility will refuse these requests, the critical issue is that patients are making these requests, and the reality is that some fertility clinics have breached ethical guidelines. There are some landmark cases internationally where some fertility doctors have broken ethical boundaries by secretly using their own sperm to impregnate patients, as seen in the cases of Dr. Donald Cline in Indiana, USA and Dr. Jan Karbaat in the Netherlands. Both instances were uncovered through DNA evidence, causing public concern about consent and medical deception. The examples highlight that such unethical conduct is possible.

There is a need for a public debate on ethical issues in assisted reproduction to define what is permissible so that clear boundaries can be drawn around the profession for the protection of assisted reproduction from the stain of unprofessional and unethical practices.

In conclusion, the intersection of culture and science in the context of assisted reproduction in Nigeria presents a complex landscape where deeply ingrained cultural values can clash with the precise ethical frameworks surrounding IVF and related technologies. The cultural imperative to have children often pushes the boundaries of traditional morality, as depicted in literature like *The Secret Lives of Baba Segi's Wives*.

The introduction of IVF into this milieu demands a careful balance. It requires not only adherence to the strict ethical standards that safeguard all participants — couples, donors, surrogates, and unborn children — but also a sensitivity to the cultural nuances that shape Nigerian society. While the ethical guidelines predominantly reflect Western values, the challenge lies in tailoring these principles to resonate with Nigerian cultural beliefs without compromising ethical integrity.

Regulation must be stringent, ensuring that all parties are protected and that practices remain transparent and accountable. This involves implementing comprehensive policies and establishing oversight bodies that can navigate the cultural complexities unique to Nigeria. By fostering such a collaborative approach, Nigeria can position itself to honour both its rich cultural heritage and its commitment to ethical scientific practices in assisted reproduction. Through this synergy, the path forward can be paved with respect, understanding, and ethical prudence, ensuring that the miraculous science of IVF nurtures life in a manner that is both ethical and culturally sensitive.

...estimates suggest as high as 25% of marriages experience paternal discrepancy