



Theological and Ethical Reflections on Surrogacy from an African Perspective

Isaac Boaheng (PhD)

Lecturer in Theology and Christian Ethics, Christian Service University College, Kumasi, Ghana

Research Fellow, University of the Free State, South Africa

revisaacboaheng@gmail.com

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Abstract

The desire to procreate is common among couples. However, for some reasons, some couples are unable to have their own children through the traditional natural means of conception and delivery. Some of these couples give up and remain childless; others adopt children and raise them as their own and yet, some others continue to explore modern Assisted Reproductive Techniques to have “children of their own.” Surrogacy is one of such means. Though a highly patronized reproductive technique, the ethical, socio-cultural or theological/religious implications of surrogacy have been hotly debated among (Christian and non-Christian) ethicists and theologians. In Africa, where assisted reproductive technology is relatively new, the scholarly debate surrounding surrogacy is also relatively new. This literature research contributes to the ongoing debate by offering a theological and ethical reflection on surrogacy from an African Christian perspective. This paper found all surrogacy practices as immorally wrong except those that use the gametes of spouses and do not involve the deliberate killing of foetus in the procreation process.

Keywords: *Africa; Childlessness; Christianity; Couple; Surrogacy*

Introduction

Childbearing is the aspiration of many couples. However, experiences from everyday life indicate that there are many couples who, for some reasons, are not able to have children. Some men are born impotent; some become impotent at a stage of life as a result of sickness, or accident. Similarly, some women do not have fertile eggs; some have fertile eggs but are not able to procreate due to other conditions such as ruptured womb, total absence of womb, feeble bodily system, and low but active sperm count, among others (Llewellyn-Jones, 1998). Couples who are unable to have their own children through natural means of sexual reproduction may choose adoption as a solution to their problem. Couples with a very strong desire to see “their own child” through conception, progression in pregnancy, birth, and upbringing do not accept adoption as a solution to their childless situation. “The wish to satisfy

the will to have children, not by adoption but rather in such a way that the artificially endangered child may be at least 50 percent physically part of the marriage can undoubtedly spring subjectively from the desire to fulfil one's own marriage and to find a special psychophysical relationship to the child thus begotten" (Thielicke, 1964, p.250). Couples like this continue to search for solutions to the childlessness. The global search for solution to the problem of childlessness has led to the emergence and development of Assisted Reproductive Techniques (ART).¹ The reasons for using ART range from problem in either wife or husband to problems in both spouses to provision for the procreation needs same-sex couple. Through ART many couples have fulfilled their desire of bearing "the own children."

Nonetheless, the acceptability of ART is one of the controversial issues in contemporary Christianity. Surrogacy, the subject of this paper, is among the popular forms of ART in contemporary society. Surrogacy involves womb renting, sperm/egg donation and in vitro ("in glass") fertilization. In spite of its popularity, surrogacy raises a number of moral, theological and socio-cultural questions. Key issues in the surrogacy debate include the contractual aspects of the act, the assignment of parental rights, and the commercialization of the surrogate's services. Effective discipleship in the African church requires a Christian response to the subject from an African Christian perspective. This paper responds to this ecclesiastical need by critically examining key theological and ethical issues about surrogacy.

Genetic or Traditional Surrogacy

From a Latin word which means "to replace," "to substitute" or "to stand-in for", surrogacy suggests the replacement of a natural or original process with an unnatural one. The act of surrogacy takes its name from the surrogate (substituted) mother involved in the process (see discussion below). There are two types of surrogacy namely, traditional surrogate and gestational surrogate. Genetic or traditional surrogacy is the situation whereby a woman gets artificially inseminated with a sperm of a commissioning husband or a sperm donor, carries the baby to full term and after delivery hands the child over to and transfers the parental right of the child to the husband and wife who commissioned her to undertake this task (Oliphant & Ver Steegh, 2018; Majeed, 2019; Gerber & O'Byrne [eds.], 2016; Piersanti *et al.* 2021). Instead of artificially inseminating the woman, the "intending father" of an infertile woman may, through (natural) coital conception, make children with a surrogate who has the understanding that the resulting children belong to the infertile wife.² In either case, the surrogate serves as the egg donor and the incubator for the embryo. She is the baby's biological mother (and hence is the legal mother of the child) because it was her egg that was fertilized to produce the baby. The transfer of the parental right to the commissioning couple involves a legal procedure which comes with a cost. This form of surrogacy solves the issue of infertility on the part of the wife or a case of "genetic incompatibility" between the couple.

Gestational Surrogacy

In gestational surrogacy, the gametes of the genetic couple (that is, the commissioning couple or intended parents) are used to produce an embryo (through in vitro-fertilization) and then transferred into the womb of a surrogate mother who keeps the embryo to term and delivers the baby (Gardner *et al.*[eds.], 2009; Behm, 2015).³ In this case, fertilization takes place outside the womb (in a petri dish) and after about two days the embryo is ready for implantation in womb where it continues to live till birth (May, 2007). The commissioning parents may be heterosexual or homosexual couples, or even singles. For married people it may be used when a woman who can produce fertile eggs but, for any reason, is not able to carry the baby till delivery rents another woman's womb to gestate the embryo created from her egg and sperm (Rabuzz, 1994). Technically speaking, the surrogate involved in the process is not the

¹ The term "Assisted" denotes the help offered and the expression "Reproductive Techniques" refer to the medical procedures used for addressing the issue of infertility.

² This may only be requires if artificial insemination is not fruitful.

³ In this case, the child relates biologically to the commissioning couple.

biological mother of the baby because the egg that made the baby does not come from her.⁴ The surrogate's womb is rented for nine months and childbearing becomes a "cash and carry" affair. Indications for treatment by gestational surrogacy include congenital absence of the uterus, absence of the uterus following hysterectomy for cancer, postpartum haemorrhage, or menorrhagia; repeated failure of In vitro fertilization treatment, recurrent abortion or miscarriages, severe medical conditions incompatible with pregnancy (Gardner *et al.* [eds.], 2009).

Whether traditional or gestational, surrogacy can be done on commercial/compensated (egoistic) or altruistic basis (Rae, 2018). In the former, the surrogate is paid for her time, energy, and participation in the childbearing process. In the latter, the surrogate is not compensated beyond reimbursement of her medical and legal expenses. Purely altruistic usually takes place based on the friendship and family relationship between the surrogate and the commissioning couple. Most modern surrogate arrangements are both gestational and commercial. Whatever form surrogacy takes, the act has moral, legal, economic, psychological, religious and socio-cultural implications.

Surrogacy in the Context of the Bible

The Bible does not directly address modern reproductive techniques. However, there are few passages from which one can glean some biblical principles about surrogacy. The issue of childlessness goes back to biblical times as evident in the stories of Sarai, Rebekah, Hannah and others. The first surrogate motherhood in the Bible comes from the story of Sarai, Abraham and Hagar. Abraham was childless when God called him; God promised him of a child (Gen. 12:2; 15:3-5) but the child was not forthcoming. In the biblical world it was not desirable for a man to die without a child (son) because it was usually one's male child who inherited him. Abraham's "barren" wife (Sarah) persuaded him to have sexual intercourse with her maid Hagar so that he could make at least a baby with Hagar. The Biblical text reads: "Now Sarai, Abram's wife, had borne him no children. But she had an Egyptian slave named Hagar; ^{so} she said to Abram, "The LORD has kept me from having children. Go, sleep with my slave; perhaps I can build a family through her" (Gen. 16:1-2 NIV). Abraham listened to Sarah's advice and then had an affair with Hagar which yielded the birth of Ishmael whom Sarah and Abraham raised as their own child. This act of surrogacy caused great pain and confusion in Abraham's household. It brought about conflict between Sarah and Hagar which eventually sent Hagar and her child out of Abraham's home. Though the Bible does not specifically discuss the ethics of this act, one can deduce the ethical implications based on the long-term effect it had on Abraham and his family. For example, the jealousies that arose is the root of the many struggles in the Middle East (Gen. 16:12; 25:18) (Kunhiyop, 2008). It is also important to note that this surrogacy arrangement was done outside God's plan for Abraham. God's plan was to make Abraham have a child (son) through Sarah, not through Hagar (Gen. 17:19). While, a similar pain and confusion can be the result of surrogacy in modern times, it is usually not the case because most surrogate women and couples involved in the act stick to their established and agreed upon roles, happily and with contentment. Another example of surrogacy is seen in the marriage of Jacob and Rachel when "barren" Rachel asked her husband Jacob to have an affair with her maid Bilhah so that Bilhah could bear a child on her (Rachel's) behalf (Gen 30:1-24). In these stories, there were years of trying to conceive, frustration of their dreams of parenthood, and finally the desperate hope that the dream of procreation could be realized through a substituted woman. Obviously, there were neither "surrogacy contracts" nor any financial transaction between the commissioning couple and the surrogate mother. Also, the transfer of the parental rights from the surrogate to the commissioning couple was never disputed.

⁴ Yet, as we will soon see, there is the possibility of the surrogate mother exchanging genetic materials with the child during pregnancy.

Infertility, Motherhood and Surrogacy in African Context

Traditionally, Africans place high value on marriage, fertility and children. Africans live as a community and hence a person's worth is determined through his/her being part of the community. The communal sense of African life is expressed by the Ubuntu philosophy of "I am because you are." As such, a person's wellbeing is tied with the wellbeing of others; therefore, people have the obligation of ensuring the wellbeing of the society of which they are a part. The African communal life is tied up with the family which serves as the basic unit of the society. In most African societies, the family consist of both adults and children and without children the family is not complete (Lumbasyo, 2015). There is, therefore, a very high desire for children among Africans. Africans consider children as the greatest asset in life. Children have economic value in that they are used as farmhands. A person with more children is considered wealthier than one with few children.

Motherhood is celebrated in Africa because it is critical to family and lineage survival. An African woman is considered "incomplete" if she is not able to bear children. In the Yoruba setting, a barren woman is described metaphorically as naked by saying "*omo eni laso eni*" (one's [a woman's] child is one's [her] cloth) (Oluwaseyi & Esther, 2017, p. 28). Here, a woman's child is considered as her cloth to cover her nakedness/shame. In Yoruba (like many other African societies) motherhood is symbolized with gold as in the saying *Iya ni wura iyebiye* (Mother is a precious gold). Motherhood being connected with gold shows loveliness, attractiveness, prettiness, gorgeousness, magnificence and fineness (Oluwaseyi & Esther, 2017, p. 28). The following Yoruba proverbs highlight this point: "*omo k'oni ohun o ye, iya ni ko gba* (a child survives and thrives only at the mother's will)," and "*Orisa bi iya ko si, ta ni o je se omolomo lo re*" (There is no supporting divinity greater than one's mother; who dares be a benefactor of another person's child)" (Oluwaseyi & Esther, 2017, p. 27). These proverbs recognize, among others, the key role that a woman plays in the upbringing of her children such as feeding, cuddling, caring, nurturing, singing and playing with her child. The stigma associated with bareness is so strong that the woman is made to feel that without a child of her own, she is inferior or valueless in the society (Lumbasyo, 2015). In some societies, a barren woman is not allowed to hold leadership position because she is considered as incomplete and incapable of managing the affairs of the society (Violet Kimani and Joyce Olenja, 2001). The same pressure and stigma apply to the man but not as much as to the woman.⁵ In Africa, marriage is perceived more as a religious and social obligation to propagate life than a romantic relationship between spouses seeking sexual satisfaction and companionship.

When an African couple experience childlessness for some time, family members begin to question the couple about the reason why they are not bearing children. Considering infertility as caused by witchcraft, evil spirits, curse by ancestors or deities and others, many childless African couples consult traditional medicine men and women for help. If this step fails, they would consider other options. Family members may suggest divorce and remarriage to another person. The man may also officially take a second wife and make children with her. This is one of the main reasons for polygamous relationships in many African societies. In some cases, the man whose wife is incapable of bearing children goes outside the marriage to make children with another woman who he is not officially married to. The paternalistic nature of traditional African society makes such marital infidelity an acceptable form of "curing" the childlessness in the home. There are also times when a barren woman gets another woman to bear children with her husband on her (the barren woman's) behalf. The children born out of this relationship legitimately belong to the commissioning woman because in most African societies, one's slave and all the slave's properties belong to the owner. This traditional form of surrogacy—found in African societies like the Kalenjin and Abagusii tribes in Kenya (Lumbasyo, 2015)—compares well with the surrogacy practices of Sarah, Rebecca and others who (being childless) advised their husbands to make children with their maids.

⁵ In most African societies, until recently, only women were considered as the cause of childlessness in marriage.

The practice of older women marrying younger women to bear children for them—referred to as “*nyumba ntobhu*” (“woman marrying woman”)—is found in Western Tanzania (Majani, 2014). This happens because a woman is childless, has no son to inherit them,⁶ or has grown up children all of whom have left home at the time that the woman is too old to conceive a child. This is a traditional form of same-sex marriage in which the two (married) women live together, share a bed as a couple, bear children in their union and do any other thing a married couple would, except having sex.⁷ The older woman employs the services of a man to impregnate the younger woman. The man is paid for the services and he forfeits his paternal right over the child born out of the agreement (Majani. 2014). The child bears the surname of the older woman so that the family name of the older woman is sustained. This arrangement helps women to overcome the problem of gender-based domestic violence (Majani. 2014). This kind of marital arrangement was instituted as an antidote to domestic violence against women in heterosexual marriages (Majani. 2014).

In few African societies (for example in the Tsawana society of South Africa) and under strict conditions and ritual laws, an impotent man could allow his brother or cousin to have an affair with his (the impotent man’s) wife in order to give him children (Kiminyo, 2004; Kunhiyop, 2008). This practice compares well with the practice of levirate marriage in the Old Testament (cf. Gen. 38:6-8; Ruth 4:1-11) and in some African societies, though levirate marriage only occurs after the death of the husband who leaves no heir. Levirate marriage was meant to prevent the loss of family property by the widow marrying outside the clan of her deceased husband. The practice also provided security and status for widows.

In Ghana, traditional surrogacy was practiced in the olden days. In modern times, it is not a common practice. There is a practice in the northern part of Ghana where a couple may ask one of their biological children to stay with them (the parents)—when the child is matured for marriage— and then give birth to a gender which the parents failed to give birth to. Assume that a particular couple give birth to only females, then one of the adult females is made to stay with the parents and give birth to a male child. The daughter who gave birth to the male child then transfers the child’s parental rights are her parents to fulfil their desire to have a male child. The rationale is that since the daughter the “property” of the parents, her child belongs to the couple (the grandparent of the male child).

In spite of the above cases of surrogacy cited from some African societies, the modern form of surrogacy is relatively new to Africans. In Nigeria, there is no legal framework for regulating surrogacy; the act is accepted in some regions while other regions do not accept it. Nigerian courts enforce surrogacy contracts based on common law precedents. Ghana also lacks formal legal framework to regulate surrogacy practices. However, surrogacy arrangements are made by some medical facilities. South African law on surrogacy came into force on 1st April, 2010. This law requires at least one of the commissioning parents to provide the gametes for the procedure and both spouses must consent to the surrogate activity. The law also gives the surrogate host the right to terminate the pregnancy after consulting with the commissioning parents. The reason to abort the baby should be medical, else the surrogate host is required to refund any medical reimbursements she had received from the commissioning parents (Piersanti *et al.* 2021). The surrogacy Act—section 295 (c) (iv-v)— outlaws commercial surrogacy and forbids the surrogate mother from using the surrogacy as a source of income. The following payments are, however, allowed: The cost of artificial fertilization, direct pregnancy expenses, childbearing expenses, and legal expenses; in addition one may also pay for the insurance of the surrogate mother and her economic loss due to the surrogacy.⁸ The surrogacy Act forbids the publication of the names of the parties involved and prohibits advertisement of surrogacy services.⁹

⁶ In Tanzanian it is common to prohibit from inheriting property.

⁷ The lack of sexual intimacy in the marriage union makes “*nyumba ntobhu*” different from Western lesbianism, which together with gay marriage, has been hotly debated in Africa.

⁸ The Children’s Act 2005 Section 301.

⁹ Act 38 of 2005 Sections 302 and 303 respectively

A Case for Surrogacy

From the utilitarian perspective, surrogacy—by giving the infertile couple the opportunity to have their own children—removes the stigma they had because of their childless situation and gives them happiness, fulfilment and psychological satisfaction. This argument is very significant in Africa where childlessness causes great psychological, emotion, social and economic distress.

Secondly, surrogacy is a good practice because it strengthens the community both physically and psychologically (Lumbasyo, 2015). In Africa, where communal life is given priority over individualism, the act of surrogacy has a high communal relevance.

Thirdly, the act of surrogacy may provide material gain for the surrogate mother (Runzheimer & Larsen, 2001). More often than not, women who choose to act as the surrogate hosts come from less endowed families. For such people, the motivation for their involvement in surrogate activities is the material gain. Even in the case of altruistic surrogacy, where one becomes a surrogate without any monetary benefit, there is psychological satisfaction gained in knowing that one has helped a needy couple to acquire children to continue their bloodline (Lumbasyo, 2015). In addition, surrogacy arrangement serves as a source of employment to some people and gives income to the medical facility where the act is carried out (Lumbasyo, 2015).

Moreover, the availability of surrogacy services has the tendency of reducing “selling and buying of children” and kidnapping. Since childlessness is a big problem, people sometimes resort to the clandestine practice of “selling and/or buying of children.” Cases of the kidnapping and selling of children to childless couples have been reported in various parts of Africa. Usually, because of the stigmatization associated with childlessness, some childless do all they can to get children no matter the means. With surrogacy, such immoral practice is checked because everyone has the opportunity to have babies of their own.

Theological and Ethical Response to Surrogacy

It is important to start with a theological reflection on the purpose of technology. Rae maintains that “For the most part, technological innovations that clearly improve the lot of humankind and help alleviate the effects of the entrance of sin into the world are considered a part of God’s common grace, or his general blessings on creation” (Rae, 2018, p. 172). Because of sin, most technologies come with mixed blessings; yet, “generally speaking, medical technology should be viewed as God’s good gift to human beings” (Rae, 2018, p. 172). Technological advancement must therefore not be considered as inherently evil. An aspect of the image of God in humanity (cf. Gen. 1:16-27) is creativity; human creativity is enhanced by scientific and technological studies. Technology, when used in a godly manner, gives glory to God. After creating humankind, God blessed them to be fruitful and multiply and fill the earth (Gen. 1:28). Therefore, the use of technology in procreating and populating the earth can be in line with God’s will (Rae, 2018). Rae rightly notes that while the use of technology may not necessarily contradict God’s will, it is not every technology that glorifies God; therefore, each case has to be assessed on its own merit (Rae, 2018).

In vitro-fertilization (which gestational surrogacy employs) involves the fertilization of several eggs, the use of few and the destruction of surplus embryos (O’Rourke, 2011). Ovulatory drugs are used to overstimulate the ovaries so that more oocytes (ova) are released by the woman. The sperms are obtained through masturbation. Many eggs are fertilized but only few of them are implanted in the womb/uterus of the surrogate while the others are frozen (cryopreservation). The frozen embryos are used for another implantation in case the initial attempts fail, otherwise they are either thrown away or used for research purposes (May, 2007). Since the number of embryos that will be successfully implanted in the womb is uncertain, the number of embryos put into the womb is usually more than what is actually required. For example, two to five embryos may be put in the womb when only one is required. When the

number of embryos successfully implanted are more than what the surrogate can carry to term or what is required by the commissioning parents, the doctor reduces the number of embryos by removing the excess embryos from the womb. This is tantamount to throwing away human lives because every fertilized egg has life. The voluntary destruction of human embryos is a big moral issue: "Through these procedures, with apparently contrary purposes, life and death are subjected to the decision of man, who thus gets himself up as the giver of life and death by decree" (O'Rourke, 2011, p. 66). Obviously, technology has made the doctor become the giver and taker of life, a person who creates human life in the laboratory and then decides when and how to take life. This process therefore undermines the sanctity of human life.

In addition, the doctor may study the medical conditions of the unborn child and then decide whether to keep or abort the foetus. After waiting for a long time without a child, and having paid huge sums of money, virtually no "intended parent" would accept a malformed baby. The desire to have the best, brilliant and healthy baby leads to what Glen McGee refers to as the sin of "calculativeness"—that is, the understanding that a child must result from a systematic genetic choice rather than God's sovereign will (McGee, 1999). The deliberate act of testing embryos to determine which ones must be kept because of their desirable genetic traits and which ones to destroy for their undesirable genetic make-up raises moral concerns.

But even if the destruction of the foetus were allowed, the legal question of who (whether the commissioning couple, the doctor, the surrogate or all parties) has/have the right to abort a foetus that will be born with medical problems (like Down's syndrome, cystic fibrosis, or other severe genetic disorders) remains a difficult question. In 2012, a case was reported in the United States, where a biological commissioning couple offered a surrogate mother an amount of \$10,000 to terminate a 21 week-old foetus because the foetus was found to have medical problems (Loike & Fischbach, 2013). The surrogate disagreed, fled with the pregnancy to another state, gave birth and then gave the baby out for adoption. Obviously, the surrogate mother gave out the child for adoption because the commissioning parents were not ready to accept such a child. The child who was born out of this surrogacy arrangement died in 2020 few weeks after celebrating her eighth birthday (Cohen, 2020). The above case underscores the difficulty that may arise when no party wants to take legal and financial responsibility for the care of the child. In case a child is born with unexpected abnormality, who is to take care of him/her if neither the surrogate nor the commissioning couple is ready to accept this responsibility?

Again, surrogacy is a form of commodification of babies and the human body (van Niekerk & van Zyl, 1995). In commercial gestational surrogacy, the childbearing woman commercializes her body and her procreational labour. Sometimes the argument goes as far as comparing commercial surrogacy to prostitution, in that in both cases women are considered as commercializing intimate physical services (Van Niekerk & van Zyl, 1995). Dworkin (cited in Rabuzz, 1994, p. 30) puts it this way: "motherhood is becoming a new branch of female prostitution with the help of scientists who want access to the womb for experimentation and power Women can sell reproductive capacities the same way old-time prostitutes sold sexual ones but without the stigma of whoring because there is no penile intrusion." Rabuzz (1994, p.29) argues that "One can sympathize deeply with the anguish of an infertile couple; one can also understand the urge to help another human procreate and to earn some money for it. But as far as the act of conception and childbearing go, commercialization destroys their potential sacrality." A key question concerning the commercialization of the conception and childbearing is whether the payment is made for the surrogate's service or for the child delivered and handed over to the commissioning couple. Whatever the case may be, the language of the contract, conception and childbearing has no sacred value.

Furthermore, it is argued that surrogacy puts the surrogate at risk. Though pregnancy is not a disease carrying a baby for nine months is not an easy feat. Surrogacy may involve multiple pregnancies which take an even higher toll on the surrogate host. Gestation period is usually associated with physical, hormonal, emotional and sometimes spiritual changes. In some cases (especially for women above 45

years) complications like preeclampsia (a potentially dangerous pregnancy complication characterised by high blood pressure and protein in the urine) may arise and put both the woman and the child at risk (Lumbasyo, 2015). Under this condition, the baby may be delivered prematurely to save the lives of mother and baby. The risks also include the risk of contracting disease through the contact with the sperms from the man involved. Also, the procedure in egg donation, for example, is complex and may put the donor at risk.

Until recently, people considered the host of gestational surrogacy as only carried the foetus without making any contribution to its genetic make-up. Surrogate host often regarded themselves as the carriers of a baby with whom they have no biological connection. But recent scientific discoveries show a maternal-foetal cellular exchange (microchimerism) during gestation, establishing a close connection between the surrogate host and the foetus in such a way that the two cannot be said to be biologically independent (Nelson, 2012). A case was reported where a child born out of surrogate arrangement had a leukemic tumor its cheek (Loike & Fischbach, 2013). Through genetic fingerprinting of the leukemic cells, it was discovered that these cells originated from the surrogate mother through maternal-foetal cellular exchange. Cellular exchange across the placenta can also have negative health impact on the surrogate mother. For example, male microchimerism in women has the potential of increasing risk of developing colon cancer and autoimmune disease (Loike & Fischbach, 2013). The “realization of these biological connections may increase the likelihood that the surrogate will want to keep the child, or want to play a greater ‘parental’ role in the life of the child” which will eventually result in a legal battle between the surrogate and the commissioning couple (Loike & Fischbach, 2013). The child conceived through surrogacy may also be at greater risk for certain health conditions. Again, the surrogate mother may experience emotional and financial risk, for example when she is not paid after rendering her services.

A study of psychodynamics of pregnancy shows that the carrier of pregnancy develops so much affection with a child that it may be extremely difficult (if not impossible) to part company with the child (after delivery) simply because she was contracted to render the service of carrying the foetus to term. In fact “the link created through gestation and birth is ‘more weighty’ than the genetic link between the foetus and the commissioning parents” (Reame, 1991, p. 153). As a result of the strong mother-child tie existing between the surrogate mother and the child, some surrogate mothers break their contractual agreement (Reame, 1991). In some cases after the baby is finally delivered to the commissioning couple, the surrogate suffers psychologically (going through a period of grief) trying to overcome her strong maternal feelings for the child. To deliver the baby—after going through all the issues in pregnancy and then deliver it to the intended parents—without enjoying the “bundle of joy” afterward, compound the problems of the surrogate mother no matter the amount received for the service (Lumbasyo, 2015). The psychological stress may be so much to have a permanent impact on the surrogate mother. This new understanding should inform medical, psychological, and ethical discussions related to gestational surrogacy.

Another anti-surrogacy argument is that the act amounts to (mental and physical and financial) exploitation of women and infringement of human dignity (Majeed, 2019). Earlier, the point was made that most women who become surrogate hosts are economically disadvantaged. As Lumbasyo (2015, p. 24) puts it “The fact that there is a pronounced difference economically, socially and in most cases educationally between the service ‘womb renters’ providers (surrogates) and service seekers (intended parents) makes this practice a breeding ground for exploitation.” In most cases the vulnerability of the surrogate host makes it extremely difficult for her to negotiate for reasonable compensation; they accept any offer without proper assessment of what lies in the surrogate arrangement. The wealthy may therefore take advantage of the vulnerability of such women to avoid the pain and dangers associated with pregnancy and childbirth through surrogate arrangements. The surrogate host may also exploit the commissioning couple by faking sicknesses (and miscarriage) (Wilkinson, 2016). In some cases, too, the agency involved may charge huge amount from commissioning couple and pay less to the surrogate host.

Furthermore, surrogacy promotes homosexuality and interferes with privacy and marriage. If surrogacy becomes the norm, then the human race may become extinct because it does not promote procreation which is required to ensure the continuity of human race. If the continuity of the family (and hence of the entire human race) is to be given the attention it deserves, then surrogacy should not be entertained at all. It is further argued that surrogacy (like any other artificial reproductive technique) is inherently intrusive. Legally, every person has the right to privacy in life, more so in marital life. The introduction of a third party (such as gamete donors and surrogates) threatens the very core of Christian marriage. Ideally, the act of procreation must be a natural process which should stick to being between husband and wife alone without the introduction of a third party into it. The intrusion of a third party may lead to several marital problems. A case was reported in Nigeria where a prominent politician and statesman donated his gametes to help a friend's wife to bear two children. Later, the husband accused the wife of committing adultery and filed for divorce on that basis (Kunhiyop, 2008).

This raises the question of whether artificial insemination can be considered as adultery or not. The Bible is clear that adultery (that is, having sexual intercourse outside marriage) is a sin no matter the intention for doing so (Exod. 20:14). Therefore, in assessing the ethic of surrogacy, one needs to be clear whether or not donor insemination is adultery. Thielicke argues that donor insemination cannot amount to adultery. He gives the following reasons for his stance (Thielicke, 1964). First, the intention of the medical doctor is to reduce the involvement of the third party in the procreation process to a "purely" biological/genetic act. Adultery can happen without any physical contact between the two parties involved as evident in Jesus's assertion that "...anyone who looks at a woman lustfully has already committed adultery with her in his heart" (Matt. 5:28 NIV). Here, Jesus is drawing attention to the fact that "in adultery it is not primarily the body or the genitals that are involved, but rather the heart" (Thielicke, 1964, p. 269). However, marital unfaithfulness requires the interruption of the psychophysical fellowship by means of another psychophysical experience. Thielicke's argument is that in the case of donor insemination, none of the parties (the medical doctor, the married partner involves nor the donor) partake in the procedure with lustful intention to commit "mental" adultery. The medical procedure reduces the entire process into a biological act. Secondly, the medical procedure is only carried out after the commissioning couple have both consented to it. It is not done against the will or desire of the "intended" parents. Once the husband and wife have given their mutual consent before the procedure, it may be wrong for one to accuse the other for infidelity. While Thielicke's argument sounds good, the Nigerian example cited earlier underlines that some people may revoke their consent after the process has begun or has been completed.

The intrusion of a third party may cause psychological problem in the man as the insemination leads to the fulfillment of his wife's motherhood without the fulfillment of his fatherhood.¹⁰ This creates an imbalance in the relationship between the husband and his wife as the child continues to be a reminder of the husband's "biological failure" and eventually "a shadow of an anonymous third party clouds the relationship" (Davis, 2015, p. 75). Thielicke notes some challenges that the intrusion of the third party may bring:

The fusion of sperm cell and ovum...is not simply a matter of amalgamation of female organism. On the contrary, in the genesis of the child an independent "third person" comes into being. This is not without its consequences for the mother, but it canhave extreme effect upon the father. Even though it need not be so, the possibility is nevertheless there that the father may react in an emotionally hostile way to a child which to him appears to be a constant reminder of his own weakness. The understandable psychological reaction would then be the symptom of a far deeper, "existential" fact, namely, that the psychophysical totality of a marital fellowship is indivisible (Thielicke, 1964, p. 262).

¹⁰ The woman may also feel unfulfilled when the surrogacy activity involves the husband and a surrogate mother.

Consequently, the presence of the child neither testify to nor embody the marital union of the commissioning couple. Thus, the child may offend the common vocation of the couple who are called to fatherhood and motherhood. Surrogate activity may deprive the child of his/her “filial relationship with his [or her] parental origins” and hence “hinder the maturing of his [or her] personal identity” (O’Rourke, 2011, p. 67). The child’s identification of his own identity requires that his conception, his being carried in the womb, birth and upbringing takes place within a secure and legitimate marital union (O’Rourke, 2011). But the involvement of a third party results in an uneasy secrecy as the commissioning parents need to keep the true identity of the child from both the public and the child him/herself. In the case of the anonymous sperm donor, even the commissioning parents do not know his identity. Should the commissioning parents see a person whom their child resembles so much, they will now begin to think that he is that anonymous person who donated his sperms in the surrogate arrangement. There is obviously a serious psychological issue to handle in this case.

Conclusion

The paper has noted that the act of surrogacy helps childless couples to satisfy their desire to have “their own children.” This is significant for the African community because of the huge stigmatization associated with childlessness. Surrogacy arrangements also serves as income generating activity for both the surrogate mother and the medical facility where the procedure takes place. Children born out of surrogacy practices are fully human who bear the image of God just like those born through the traditional means of sexual reproduction. Therefore, there are actually not much argument about the quality of children born in surrogacy arrangements.

However, the use of medical technology rather than the traditional marital union as means of procreation promotes the idea that sex is a merely recreational activity. The happiness that surrogacy arrangement brings to couples is predominantly self-centered and so cannot be accepted theologically. At the same time, medical technology allows homosexual couples, and singles to procreate, something that (the researcher believes) goes contrary to the natural law. The number of single parents will increase as men and women who do not want to accept marital responsibilities but desire children can have their own children without having a spouse. Children born and raised by homosexuals or single parents through surrogacy will be deprived of experiencing divinely ordained institution of marriage in which children are raised by both a man and a woman. This will surely have psychological effect on the children. The doctor’s act of “creating” human life and deciding whether to let it leave or not (based on certain conditions) has the tendency of increasing abortion/murder. The use of human life for experiment also unethical.

The church needs to provide adequate teachings on the concepts of procreation and infertility. In the process, various myths about infertility that normally prevent people from seeking medical attention must be dismantled to enable people have a fulfilling marriage. The African traditional surrogacy practices such as the “curing” infertility through polygamous relationship, the involvement of the wife’s sister and the husband’s brother in “curing” infertility, and the Tanzanian same-sex marriage as antidote to domestic violence again women are all biblically and morally unacceptable. As a rule, if the act of surrogacy is meant to glorify God then it is not a sin (1 Cor. 10:31), otherwise it is a sin. Whatever its form, the use of a surrogate mother brings a third parent into the family relationship and affects the marriage union. To conclude, the researcher contends that only surrogacy practice that use the gametes of spouses, do not involve the deliberate destruction of foetus and is not done on commercial basis may be morally acceptable for Christians.

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