ART and African sociocultural practices: worldview, belief and value systems with particular reference to francophone Africa

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Introduction

Although it is often controversial or misleading to make generalizations about Africa, one of the safest and less controversial of such generalizations is that human procreation is highly valued in African cultures. This should not, of course, be interpreted to mean that there are parts of the world or cultures where procreation is not valued. Procreation is a value for human beings in general and within all human cultures. But the ways and manner in which this value is manifested and expressed differs from place to place, from culture to culture, and these differences can be used as a rough gauge of the extent or magnitude to which the value is affirmed or upheld against competing values. There is no part of Africa where children are not greatly valued and where, as a consequence, large families do not exist or polygamy is not practised.

Children are so highly valued in Africa that procreation is everywhere considered the main purpose of marriage and the main cause of, if not justification for, polygamy and other forms of marriage which may be considered more or less strange from the perspective of other cultures. Conversely, childlessness remains the main cause of divorce, as a childless marriage is considered to be equivalent to no marriage at all. The idea of "illegitimate child" or "bastard" is one that could make no sense and had no application in traditional Africa because of the very high value placed on children. In Cameroon, it is very common for the parents of a girl who is approaching her thirties as a childless spinster to urge her to try and get a child by all means "before it becomes too late". If afterwards she finds a husband, her parents are usually only too happy to keep her premarital child, who often, in any case, bears the father's name.

Some consequences of the great love for the offspring

All population control policies, family planning strategies, birth control plans and all recommendable procedures that obstruct the direct link between sexual intercourse and possible conception have had to reckon with very resilient attitudes in Africa, arising ultimately from a worldview and value system in which children and, consequently, conception are greatly valued. The failure of the condom, for example, to serve as a method of prevention against the deadly HIV/AIDS infection in some parts of Africa to the same extent as elsewhere in the world could be linked directly to this fact, that the high value placed on children and procreation has been transferred to the sexual act as basically an act of fecundation. It is very significant to note that, in cases of certain cancers, many Africans prefer death to having any of their

body parts directly connected with reproduction surgically removed.

In traditional as well as modern Africa, there is, perhaps, no category of patient that the healer counsels more frequently than the infertile woman and the impotent man. These are medical conditions that very few Africans are willing to accept with resignation as long as the last possible healer has not been consulted and the last possible method or product tried. Also, everywhere in Africa there is some form or other of the maternal cult, which considers motherhood the plenitude and crown of womanhood, while a childless man may often be bracketed with the children, a very degrading thing in a culture in which great respect is accorded to age and status. Again, on the approach of death, a childless person is particularly terrified because, while death is considered a transition into the realm of the ancestors, the living-dead, life, well-being and prosperity in that realm is believed to depend on the reciprocal interaction between the progeny and the ancestors, between the living kin and the living-dead *(1)*.

Therefore, assisted reproduction of almost any putative type would, *prima facie*, be of great interest in Africa and assisted reproductive technologies (ART) could not fail to generate great interest and even excitement in Africa. Nevertheless, ART in Africa is fraught with a number of problems and contradictions. But, before considering these, the situation in Cameroon and francophone Africa will be briefly presented.

ART in Cameroon, the Central African sub-Region and francophone Africa

In the francophone countries of central Africa as well as the rest of francophone Africa, as indeed in sub-Saharan Africa in general, the sociocultural system, attitudes and practices make infertility and childlessness in general a highly undesirable condition and, more or less, a metaphysical curse. The social importance attached to fertility cults *(1)*, to birth, naming and initiation rituals, to marriage, death and burial ceremonies, flow from a logic of, and accord well only with, generalized fecundity and procreativity. Any assistance towards fertility is therefore highly valued and sought.

In francophone Africa, Cameroon has a leading position in the domain of medically assisted reproduction and two centres for *in vitro* fertilization and embryo transfer (IVF-ET) exist in Yaoundé and Douala, although they each present very different attitudes, results and outlook. Other francophone African countries, notably Algeria, Benin, Burkina Faso, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Mali, etc. have all had some of their patients coming to Cameroon or are currently trying to learn from Cameroon and are in the process of setting up their own facilities for medically assisted reproduction.

The *Centre de Chirurgie Endoscopique et Reproduction Humaine Chantal Biya* (CCERH) was inaugurated in Yaoundé on 6 March 1998. Conceived as a part of the *Fondation Chantal Biya*, the CCERH is presently hosted by the Department of Obstetrics, Gynaecology and Human Reproduction of the Yaoundé General Hospital.

In 1999 (1–3 December), about 750 delegates from all parts of the world gathered in Yaoundé for the "First Pan-African Congress on Endoscopic Surgery in Gynaecology". According to press reports *(2)*, all the Congress participants were unanimous that gynaecology in Africa in the year 2000 would be marked by great technological progress, particularly in endoscopic surgery. During this conference, which was held at the Yaoundé Conference Centre (Palais des Congres), an exhibition on endoscopic surgical operations was performed at the CCERH and transmitted live by the Cameroon Radio and Television (CRTV) to Congress participants.

The *Centre de Techniques de Pointe en Gynecologie-Obstetrique* (CTPGO), Douala, went operational in the middle of 1996. The Centre, which works in collaboration with Dr Guy Cassuto's *Laboratoire DROUOT* (Paris), is run by a team of four gynaecologists and two biologists.

Since 1997, the CTPGO has attempted IVF-ET on a total of about 200 women, of which 45 have been successful, giving a percentage success rate of about 19% as against 25% reported in the industrialized world. The average age of the couples seeking to undergo the procedure in Douala is about 45 years, a factor on which the Centre partly blames the high rate of failure. The main indication for treatment has been problems related to the fallopian tubes of the woman (91%). A number of potential patients have presented seeking IVF-ET with sperm other than that of a husband but have, so far, been turned away on the grounds that the Centre is still too young, has no facilities for gamete storage, and that the ethical problems involved here are more complex and require

more careful consideration. Since 1997, the per patient cost of the treatment in Douala has progressively been reduced from 1.5 million CFA francs (about US$ 2500) through 1.2 million CFA francs (US$ 2000) to 1 million CFA francs (about US$ 1700) today. The Centre claims that all its babies are doing fine and that it is following up on several of them systematically.

Evaluation

Although medically assisted reproduction generally, and IVF-ET particularly, generates a lot of interest in this part of the world, for reasons some of which have already been evoked, it also raises many questions and problems. It can be said that, for good or ill, ART has a place and a future in Africa. But one of the problems connected with it has to do with its cost. At a cost of 1 million CFA francs (about US$ 1700) in Cameroon, for instance (said to be only about 25% of the cost elsewhere), this health care procedure is affordable for only a very small minority of the small, though by no means negligible, number of couples who stand in need of it anywhere in Africa. Infertility is commonly understood to be indicated if, after 12 months of regular normal sexual practice without contraception, a couple has not succeeded in achieving pregnancy *(3)*. Between 75% and 80% of all couples are said to achieve pregnancy within these circumstances and, if the waiting period is extended to 24 months, around 90% of all couples succeed in achieving pregnancy. In the absence of any reliable statistics, there is no reason to suppose that the incidence of infertility in Africa is much more or much less than the global average which has been estimated at 10% *(4)*. It is not, therefore, a health care service that public health authorities could justifiably try to promote in the face of other urgent health and reproductive health problems facing a greater proportion of the population. It is thus most suitable for only the private sector, where pure economic considerations, the profit motive and promotional advertisement will be the main determinants of developments.

ART, whose medium- and long-term impact is still to be assessed, is liable to subvert and damage traditional African sociocultural ideas, attitudes, customs and practices that have hitherto adequately handled and cushioned the problem of infertility. In most parts of Africa, biological parenthood is de-emphasized to the advantage of social parenthood. Because of this, infertile couples, frequently under a veil of ignorance, can solve their problem not with the help of technology but through a social network. The possibilities are many and varied: a brother or other relative discretely fathering a child for another, a sister more or less openly begetting a child for another with the latter's husband, a wife "marrying" another wife[i] to beget children for her with her husband, begging, giving and receiving a child as a special gift, adopting children, assimilating children into families without prior intention or further calculations, etc.

Although some sort of counselling would usually be given to couples seeking ART, the psychological effects of undergoing the procedures, especially on the unsuccessful cases, need to be very carefully assessed. And, although ART children are said to be not any different from naturally conceived children and to be generally doing fine, only careful and long-term study and follow-up can determine their psychological if not physiological status *vis-à-vis* children conceived and born more normally. For now, the fact that these children are "test-tube babies" is concealed from them and neighbours, but, sooner or later, it will become known.

Furthermore, infertility might have a genetic origin and the resort to ART to solve this problem means that the genetic defect involved is sustained and perpetuated in the population in such a way that resort to technology will be the only option for an ever-

i The practice is quite common among several African communities, whereby a married woman who is unable to beget children of her own arranges to marry another woman, on whom she may personally pay the dowry, so that the latter could beget children with the former's husband, and such children are considered as her (the "woman-husband's") children. This approach is practiced among the Igbo of Nigeria *(7)*. Marriage in Africa is a very complex institution with a diverse variety of interesting variations from community to community. While the variation described above was not practiced among the Nso' of the Bamenda highlands of Cameroon, some "Queen Mothers" such as the famous Yaa wo Faa *(8)* could marry other women who begot children (with any men of their own choice) and such children were considered as the Yaa's children. That is how some Nso' people today pass for second-degree princes and princesses (won-wonntoh) when, in fact, they have no drop of royal blood in them. The bottom line is that, in many parts of Africa, biological parenthood is downplayed in favour of social parenthood and that marriage is considered as being more of a family, lineage and community affair than a contract between individuals *(9)*.

increasing number of persons within that population. This prospect needs to be carefully weighed against the present benefits of providing satisfaction to infertile couples or unconventional couples seeking to become parents.

The providers of ART in Africa presently operate within a legal and ethical vacuum, as the legal systems of most African countries have not yet caught up with the rapid developments in the field of reproductive health, as indeed in many other domains, while precise ethical guidance is not yet available. There are, therefore, real dangers of abuse and the possibility of unregulated experimentation without any fear of consequences or repercussions. Providers are thus left with only their own personal moral sensibilities and sensitivity or their consciences as the guiding lights for their actions and acts within the field. But ART is certainly an area where personal morality and good intentions alone, while necessary, are far from sufficient. The domain belongs to public morality and needs both clear ethical guidelines and appropriate legislation.

Above all, the wider implications of ART—its mechanization of reproductive processes, its severance of the link between "love-making" and "baby-making", its dispelling of the mystery of procreation through human mastery, its de-mystification of motherhood, so central to the status of women in African cultures, its reduction of reproduction to production and the human control and obsession with quality implied, etc.—would be hard to harmonize with the most general of African metaphysical and religious conceptions and beliefs, value systems, ideational and ideological thrusts, customs and consolidated practices.

Conclusion

There seems to be some contradiction about the worldwide concern with, interest in and promotion of ART that needs recognizing. How can this concern and interest be reconciled with the global emphasis on, and campaigns for, population reduction, whose success can be seen in the downward trend of population growth, especially in the industrialized world? In describing the advantages of endoscopic surgery (see above), Professor Maurice Antoine Bruhat ironically remarked that the greatest challenge of medicine in the third millennium would be the control of reproduction because it is no longer desirable to continue breeding at random and filling the earth with great numbers of people. Concern with population reduction would seem more consistent with encouraging the infertile to courageously accept their condition rather than trying to do everything to help them overcome it. Before asking the fertile to voluntarily refrain from procreating in the interest of population control, would it not be logical first to ask the infertile to voluntarily spare themselves the trouble, cost and pain of medically assisted reproduction? As a fertile person, to become aware of the trouble and pain infertile persons take just to get a child, is to realize just how lucky one is to be fertile. Such a realization is not likely to be a help towards the prospect of voluntarily refraining from procreating, which alone can eventually help to reduce the population growth rate of poor or impoverished African countries or communities to manageable proportions.

Although at the individual personal level African people's attitudes towards ART may be determined by their *technophobia* or *technophilia*, it is clear that, at the level of society or culture in general, technology as such is not what counts but rather the *uses* to which it is put, its general implications and the surrounding packaging with which it comes. In my natal language, Lamnso', there is the saying: "*wan dze wan a dze lim nyuy"* (a child is a child, the handiwork of God), which connotes the unconditional acceptance and love of a neonate, irrespective of its individual and particular characteristics *(5)*. This, incidentally, has the implication, among others, that the ART child would be as welcome and as loved as any other child conceived and born in any other manner. The moral implications of this saying are very important in view of the innumerable differences and enormous variety with which individual babies/human beings come from the hand of God or Nature.

In view of this, one of the deeper and more important implications of ART is that it is inevitably concerned with quality control *(6)* and that this concern has the direct implication that we can no longer say that a child is a child, the handiwork of God, but rather, in this case, a deliberate work of human hands or, more precisely, of human technologists. Fletcher's work just cited, which attempts to discuss the ethics of increasing human control of the reproductive domain, is a paradigm of optimism and big thinking about reproduction technology. The work is full of such expressions as: "quality control", "controlled human baby-making", "increasing the

quality of the babies we make", "human reconstruction of humans", "biological manufacture of human beings to exact specifications", "discarding the surplus", etc. In the African perspective, within the context that I have tried to describe, suggesting that one putative baby is of "better quality" than another would be considered outrageous, if not completely meaningless.

Part of the "packaging" of ART, as it comes to other peoples and cultures from the industrialized western world, that would not sit well with African ideas and attitudes, is its almost overt connection with business and commercialization, patenting and marketing, talk about quality control, shopping and advertising, and all the media publicity that goes with these. This packaging can and needs to be modified or changed if ART is to be firmly planted in the background soil of traditional African culture, customs and practices. Within that background, the category of mystery, the God-metaphor and the constant affirmation of human limitations and fallibility are very important and cannot be easily discarded or ignored.

References

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