The Challenge of Infertility to the Christian Marriage in Some African Societies: A Plea for an Ethical Response In The Light Of Donum Vitae

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ABSTRACT: Some African societies including my country Kenya are experiencing the phenomenon of infertility. People find it difficult to discuss issues related to infertility openly; in fact it is among the tabooed subjects despite the fact that it is real and affecting marriages. Infertility is a challenge which some couples bear with quietly. This paper examines how infertility affects Christian marriages and the ethical response adopted as an answer to the cry of childless couples. The study relies on focus group discussion method. The results shows that the challenge of infertility is a reality due to the presence of factors like sexually transmitted diseases which may cause tubal blockage in women, other factors include lifestyles which may result in low sperm count in men. Therefore, there is need to propose possible solutions and treatments some which are medical, but must be in agreement with the approach upheld by the Christian community and enlightened by instructions from the church documents especially Donum Vitae (The Gift of Life).

KEYWORDS: African societies, challenge of infertility, ethical response, Donum Vitae.

I. INTRODUCTION

Infertility is among the tabooed subjects that people find difficult to talk about, but because it is an issue affecting the Christian marriage, it is a real and relevant subject worth discussing. In the Code of Canon Law, Marriage is a matrimonial covenant by which a man and a woman establish between themselves a partnership of the whole of life, which by its very nature is ordered to the good of the spouses and the procreation and upbringing as well as education of children.\(^1\) However, the issue of infertility thus occurs in the institution of marriage posing a great challenge to the unbreakable union of the couples\(^2\). Infertility can happen to one of the spouse either man or woman or even both. It is worth noting that according to the teaching of the Catholic Church, infertility itself is not an impediment to marriage and can never interfere with unity and indissolubility of marriage. The author of this paper was motivated to write it by some experiences he encountered with married couples who are childless due to infertility. He (author) found infertility to be a true challenge to the Christian marriage which requires the attention of both the society and the Church. Therefore the paper will extensively focus on the issue of infertility among Christian married couples with focus on defining infertility; its causes, the challenges it poses to the Christian marriage, possible medical solutions/treatment of infertility, the approach by the Church especially the teaching of Donum Vitae on infertility, then recommendations as the way forward for healthy and peaceful co-existence in the society for those experiencing infertility. Finally, a general conclusion will be drawn from the findings of this paper.

1. The Concept of Infertility

The term infertility is a negation; therefore, it calls for the definition of the term being negated. In this case, the paper takes into account the etymology of the term fertility which is directly from Latin language fertilis, which means bearing abundance or fruitful or productive.\(^3\) Therefore, according to linguistics, fertility is the ability to reproduce. This term is mentioned in humanae vitae, here Pope Paul VI indicated that, “husband and wife are ready to abstain from intercourse during the fertile period as often as far reasonable motives where the birth of


another child is not desirable.\textsuperscript{4} Taking into account the above statement we have a glimpse to what the term infertility means.

According to Makar, infertility is the, “inability to conceive as well as to produce by natural means”\textsuperscript{5}. In the Dictionary of Medical Ethics by Duncan and Dustan, infertility is defined as the failure of a couple to conceive a pregnancy after trying to do so for at least one full year.\textsuperscript{6} Other sources define infertility as the inability of couples of reproductive age to conceive or to bring pregnancy to term after one year of unprotected intercourse.\textsuperscript{7} The World health organization defines infertility as “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy for twelve months or more of unprotected sexual intercourse.\textsuperscript{8}

\textbf{1.1. The Difference between Infertility and Sterility}

From the linguistic point of view, there is no major difference between these two terms, in that; they are both presented as a state of being unable to produce new offspring.\textsuperscript{9} However, according to biological scholars there is a difference between the two terms. Infertility as stated earlier is the inability of a person or persons (couple) to conceive after unprotected intercourse for one year or more. Concerning sterility, this term is derived from French language sterile meaning, not producing fruits, its Latin form is sterilis simply meaning barren or unproductive or unfruitful.\textsuperscript{10} Generally it is the inability to conceive on the side of women, and in men is the inability to induce conception.\textsuperscript{11} According to Laurenti Magesa, sterility by itself is the inability to have children in spite of consummation.\textsuperscript{12} Therefore, this gives a general understanding that the two terms (infertility and sterility) are different because it is not conceptual, in that, their aims and fields of study for understanding their causes, treatments and solutions are different, still considering the etymological meaning of the two terms, we realize that infertility and sterility do not mean the same. The difference is further supported by the understanding of both terms in their primary and secondary uses as shown below.

\textbf{1.2. Primary and Secondary Infertility}

Primary infertility indicates a condition whereby pregnancy has never occurred. (Pregnancy is a state in which a woman carries a fertilized egg inside her body).\textsuperscript{13} In other words, primary infertility is when a woman is unable to ever bear a child, either due to inability to become pregnant or the inability to carry a pregnancy to a live birth. Thus, women whose pregnancy spontaneously miscarries or results in a still born child, without ever having a live birth would be classified as having primary infertility. In secondary infertility, one or both members of the couple have previously conceived or induced conception, but are unable to do so again after one or more years of trying.\textsuperscript{14} Precisely, it’s when a woman is unable to bear a child, either due to inability to become pregnant or the inability to carry pregnancy to a live birth following either a previous pregnancy or previous ability to carry it to a live birth. Hence, those who spontaneously miscarry or whose pregnancy results in a still born child or following a previous pregnancy or a previous ability to do so are, then not unable to carry a pregnancy to a live birth are classified as having secondary infertility.\textsuperscript{15}

\textbf{1.3. Infertility Survey in Kenya}

Infertility is a problem that is widespread; it affects men and women of reproductive age not only in Kenya but in other places as well. Although estimates of its existence are not precise and vary from region to region, about

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8% of couples experience some form of infertility problem during their reproductive lives. In terms of global population, this means that 50-80 million people probably have a problem with infertility. According to DESK REVIEW-Magnitude of Infertility in Kenya, it is estimated that there are about two million new infertile couples per year and the numbers are increasing, and Kenya is contributing to it. Infertility levels are particularly high in Sub-Saharan Africa where the number of infertile couples is as high as 20-40% in some of the countries that form the low fertility belt, stretching through many countries from Central Africa to East Africa. Such countries include: Cameroon, Central African Republic, Gabon, Democratic Republic of Congo (DRC), Togo, Tanzania, Sudan and Kenya. In Kenya alone, the National Infertility estimate is around 11.9%, (over 5 million) with Western and Coast regions having the highest rates. It is estimated that the existing primary infertility is less than 5%, while secondary infertility affects more couples, and may range from 10-30% depending on the cultural settings. That is, some cultures are inclined to throw the blame on infertility to women alone, and it becomes difficult to get accurate data representing the affected men.16

II. CAUSES OF INFERTILITY

By its very nature, infertility can be acquired in the life process; in that, there are internal and external factors that can lead to it. While it is true that some people are in the voluntarily childless category and do not expect children, others are without children not because they desire no children, but because they are infertile.17 Studies to evaluate the magnitude of infertility tend to indicate that the leading cause of infertility in both men and women are as follows:

2.1. Sexually transmitted infections

According to DESK REVIEW-Magnitude of Infertility in Kenya, sexually transmitted infections remains a major public health problem of major significance. Failure to diagnose and treat sexually transmitted infections at early stages may result in serious complications including pelvic inflammatory diseases. The emergence of HIV/AIDS pandemic and its proven far-reaching implications in fertility impairment have complicated the picture.18

2.2. Low Sperm Count in Men

Urologist Professor Peter Mungai believes that, low sperm count is the major cause of infertility in men. Professor Mungai explains that the normal sperm count is between 20-60 million per millilitre. A man whose sperm count is less than 20 million per milliliter is to be considered less fertile or infertile. He further explains that gland infection and genetic abnormality are contributing factors to childlessness.19 We also mention drugs and substance abuse, alcoholism, radiation, injections, testicular malfunction, and hormone imbalance or blockage of man’s duct system possible causes of infertility.20 Factors that contribute to the quantity of the sperm include: chronic disease like tuberculosis and kidney problem. Also the sperm structure (if it lacks the tail, it cannot move towards the uterus), lifestyles and fashions, that is, eating foods with high levels of cholesterol and putting on inner wears that interfere with temperature of the testicles result to poor sperm quality, thus, the semen may be free of spermatozoa.21

2.3. Tubal blockage

Tubal blockage means fallopian tube obstruction due to infection or by methods of contraception. It is one of the most common causes of infertility and it is largely related to pelvic inflammatory disease. This condition may come about if the mucus which stands at the entrance of the uterus (cervix) is solid and therefore does not allow sperms to pass into the fallopian tube that links an ovary to the uterus. In some cases this mucus is acidic and therefore it kills the sperms.22

19 Stella Cherono and Ngare Kariuki, “Men more likely to be Infertile,” in Daily Nation, 2 August 2016, 3.
Other medical conditions which may contribute to infertility in women include ovulation problems, that is, the ovaries may fail to produce ova or the body does not allow the ova to mature. In addition, uterine problems, previous tubal ligation, endometriosis (a disease where tissues that usually grow inside the uterus grow outside it instead), fibroids may make it difficult to conceive, also advanced age which is the instance of a woman being of an older age at a stage of reproduction, all these contribute to infertility.  

Generally, although fallopian tube may be rendered dysfunctional by blockage, they can be treated and restored back to normal function.

2.4. Irregular Menstrual Cycle in Women
According to Doctor Jannette Karimi Gitonga, irregular menstrual cycle may lead to childlessness. This occurs when the couples have not known how to time their ovulation. Doctor Gitonga further explains that marital situations, that is, when the marriage is a long-distance one, and the times the couple come together to conceive falls on the wrong dates.  

2.5. Cultural Causes of Infertility
In the traditional African society, infertility was believed to be as a result of dishonesty in the cultural taboos in regard of sex and marriage.

2.5.1 Taboos
Culture includes knowledge, belief, art, morals, laws customs as well as taboos of a society. A taboo is a word derived from the Polynesian word tapu meaning “tied.” It refers to any ritual prohibitions to which an automatic sanction, either religious or magical is attached. Taboos exploit an innate and irrational fear in human psychic. Culturally, taboos are used to indicate practical attitudes such as religious respects or human precautions through dramatic symbolisms, moments of crisis in human life, for example; pregnancy, child birth and so forth, are notorious for being surrounded with taboos. In traditional African culture, common taboos that surrounded the restrictions and regulations of sex and sexual relationships primarily included; Incest (where one practices sexual relationships with a partner who is a member of the extended family or close relative), Necrophilia (when one has a sexual relation which involves a corpse as a partner); Miscegenation this is an inter-racial marriage, and Bestiality (where one has a sexual relationship with non-human animals like a cow, a goat or a dog and so forth). All these practices were taboos in African culture and whoever violated or dishonored them was psychologically affected, this was believed to bring about infertility.

2.5.2. Traditional Superstitions
Etymologically, the word superstition is derived from Latin superstitio, from super- ‘over’+stare ‘to stand’ (perhaps from the notion of “standing over” something in awe). It is therefore an opinion or practice based on belief in luck or magic. African superstition is related to Witches. For witchcraft in Africa is described as “the human incarnation of evil.” Therefore, superstition is a state whereby the woman experienced pregnancy and at a point, without miscarriage nor delivery the belly just flattened and pregnancy disappeared. This was traditionally attributed to a terrible spirit which snatched the children from the mother’s womb and either fed on them or took them to their world to build its generation. So it was believed that immediately the woman conceived, the spirit would feed on the foetus. In the modern era of scientific research and exploration, there is a psychological explanation close to this traditional belief. It has been established that there is a possibility of false pregnancy by a woman who for a long time had nursed the idea of having a baby in her womb. Technically known as pseudocyesis, a woman in this state manifests and bears all the symptoms of an expectant woman but with no foetus in her womb. These symptoms include: engorged breasts with some secretion, bulging abdomen, lack of monthly periods, and occurrence of morning sickness as well as inclination to like or dislike certain kinds of food, people and behaviour. Traditional superstitions were a common phenomenon among the traditional African societies, for instance, the belief in evil spirits blocking the womb of a woman was strongly held among the Baganda. According to Magesa, they believed that a lady who had given birth at her home but

23 Ibid.
died unmarried, or one who died childless at marriage; could come back and tie the uterus or tube of a young woman in revenge. Again the spirit of the dead married woman who died childless could be appearing between her bereaved husband and other wives married to him so that during the intercourse, the sperm cells were intercepted by her spirit.

Writing on the same subject, Magesa says that among the Dinka of Sudan, there was a strong belief in Malevolent spirits of which most notorious one was known as Macardit. It was claimed that it had a status almost the same as that of a god, except it was malovent in nature. Among the Yoruba of Nigeria, it was believed that the reason why women may not be able to bear children is because she may be suffering from spiritual attack of the enemy. This may be from her family or that of her husband’s. This view was popular among the herbalist, religious leaders as well as a majority of the couples and community members. According to the herbalist, enemies can cause a woman to be unable to bear children if they want to punish her. This is why a woman must undergo some ritual for cleansing before entering the husband’s house on the night of her wedding to ward off all attacks of the enemy. Closely related to this view is the belief that a woman may suffer infertility if she acts against a taboo of her husband’s family or that of her family or if her parents had done something wrong in the past or if they curse her. Lastly, it was a common opinion that a woman may not be able to bear children if she had committed abortion before she got married.

III. THE EFFECTS OF INFERTILITY

Pregnancy and birth are important events in the life of a human person, because they perpetuate life and save mankind from extinction. But it happens that some people cannot have offspring because they are infertile. According to Bansikiza, the inability to procreate may result to prejudice against persons with these conditions, prejudice which creates a serious crisis in the family, often followed by cultural and social repercussions. Thus, infertility brings a lot of challenges to the couple, to the nuclear family as well as to the extended family. Each one of them responds to infertility in the light of their vulnerabilities, psychological resources, personal predispositions, beliefs and attitudes.

3.1. Stigmatization

According to Webster’s II New College Dictionary, Stigma refers to a mark of infamy, disgrace or reproach. It is an invisible sign of disapproval; the stigmatized persons are reduced from accepted people to discounted ones, thus isolating the individual from self, as well as societal acceptance. The person suffering from the inability to have children is viewed as having failed to achieve a societal goal of procreation. As a result the couple(s) is segregated by other members of the extended family; sometimes the victims are treated as outcasts.

3.2. Divorce and Separation

In most African societies, the supreme purpose of marriage was to bear children. This is because children were a source of labor to the society especially to the extended family. Once marriage had produced children, it was very rare therefore to see or hear of break-ups. But if the marriage failed to produce children, the relationship would end up in the most traumatic and unfortunate event of either divorce or separation, contrary to the teaching of the Catholic Church of the indissolubility of a valid, sacramental and consummated marriage. The implications of divorce is not only the changing of the shape and composition of the family, but it leads to some physical and emotional problems on the divorced individual such as: unhappiness, depression (especially

women have high levels of psychological stress, lower level of psychological well-being, and poorer self-esteem), poor health (divorced individuals often suffer from serious illnesses), alcohol or drugs (divorced individuals account for the largest proportion of heavy drinkers; especially men), loneliness, (divorced individuals in addition losing a spouse, they also lose many of their social contacts such as in-laws, married friends and neighbors, thus, the loss of emotional support). 40

3.3. Exploitation

Often couple suffering from infertility, apart from experiencing rejection in the society may also find some people including family members who use their condition to even exploit them financially. For instance, some medical personnel, herbalists and even diviners may take advantage of the childless individuals to extort money from them simply because the childless individuals are in desperate situation.

3.4. Embarrassment/Frustration

In most cases a feeling of shame, awkwardness and frustration is a recurring theme for many infertile couples. The fact that they cannot have biological children of their own puts them in a state of being uncomfortable in life. Especially when family pressures keeps on coming from right and left with suggestions to marry another wife or husband. Sometimes the situation may worsen especially when the in-laws get involved and start exposing and ridiculing either family of the man or woman who is infertile. Some cultures do not believe that the husband can be the source of the problem; hence, the psychological trauma resulting from childlessness lies heavily on the woman, sometimes the man may turn to be violent against her. Some members of the society may subject her to social injustice and reproach which result to public humiliation and therefore robs the woman the prestige enjoyed by fecund people. 41

IV. THE TEACHING OF THE CHURCH ON INFERTILITY

The inability of a couple to have children can be a terrible burden, a very great pain. Pope Benedict XVI while addressing the issue of the married couples struggling with infertility said that the Church pays greater attention to their suffering, it cares for them and this is why the Church even encourages legitimate medical research which respects the natural law in combating infertility. 52 The Pope advises that those couples unable to conceive, their vocation to marriage is not less because of childlessness, rather in their baptismal and matrimonial vows they are consecrated to God to act according to his will and to cooperate with God in the creation of a new humanity. That is why Janet E. Smith emphasizes that marriage should be understood as a love communion other than a mere means for procreation. 53 The value of a woman today is not based solely on her fertility, but rather on the many other gifts and talents she might posses. Just like religious men and women who have embraced celibacy and have been able to use their talents/gifts to participate in development activities of the world, Lumen Gentium no.44. 44 Childless couples are likewise encouraged to use their talents/gifts in constructive activities especially activities that improve the living conditions of the less fortunate persons in the society. In offering their services to the members of the society they (infertile persons) receive some fulfillment from their commitment

4.1. Biblical Foundations on Infertility

The Holy Bible presents several cases of people who were infertile; some may have experienced primary infertility. There are those who may have suffered from secondary infertility and prayed to the Lord for children, by the grace of the Lord they were able to overcome their infertility.

4.1.1. Old Testament

Some of the people in the Old Testament are recorded as barren include; Sarah the wife of Abraham (Gen.11:30), Rebekah the wife of Isaaca (Gen.25:21), Rachel (Gen.29:31), the wife of Manoah-mother of Samson (Judges 13:3), and Hannah the wife of Elkanah (1Sam.1:2). The above are few selected cases of infertile couples in the Old Testament for the purpose of illustrating that infertility is real and it is not a new phenomenon, it was there in the past.

41 Banzikiza, The Pastoral Approach to African Traditional Values of Fecundity and Marriage, 14.

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4.1.2. New Testament
The New Testament still presents more cases of infertile couples. The most commonly known examples include; Elizabeth the wife of Zachariah (Lk.1:6-7), Anna the Prophetess who lived at the Temple in Jerusalem (Lk.22:36-38), Priscilla whose name is mentioned in (Rom.16:3-5; Acts 18; 1Cor 16:19; 2Tim.4:19), together with Aquila her husband become great friends with Paul. This couple made great contributions to first century Christian community by becoming exceptional leaders in the new Church.

4.2. Donum Vitae on Infertility
Donum Vitae was issued by the Congregation for the Doctrine of the Faith on February 22, 1987. The purpose for which this document was prepared was to offer specific replies to the common questions about Catholic Church’s position on the dignity of human life. At that time new development in bioethical issues emerged, for instance, Artificial Procreation. So, Donum Vitae examined the moral perspective of these bioethical issues. The document is divided into three parts.

In its introduction, Donum Vitae recalls the fundamental principles of an anthropological and moral character necessary for a proper evaluation of problems and for working out replies to the questions. Part one focuses on respect for the human being from the moment of his/her existence. The second part considers the moral questions raised by technical interventions on human procreation. Part three provides some orientations on the relationships between moral law and civil law in the context of respect due to human embryos and fetuses. It clarifies on the legitimacy of techniques of artificial procreation.

The Instruction on respect for human life is conscious of the fact that the infertile couples pass through very difficult and trying moments. However, Donum Vitae does not accept solutions which do not respect the dignity of the human being or the marriage act itself.

We read in Donum Vitae that, every human being is always to be accepted as a gift and blessing of God. However, from the moral point of view a truly responsible procreation vis-à-vis the unborn child must be the fruit of marriage (cpt 2, para.1)45

One cannot deny that today the problem of infertility attracts the attention of many people, especially owing to the artificial procreations possible. On the other hand, what is needed today is to understand and handle the problem of infertility and not let it be overtaken by procreating artificially a child for the infertile couple. The Church, while reminding researchers to safeguard the dignity of human procreation, does not hastate to invite scientists to do their best in continuing their research with the aim of preventing the causes of infertility and being able to remedy them. According to Donum Vitae, the position of the Church in front of such a painful situation of the unresolved problems of infertility is: One which seeks support in faith, the other which seeks to live parenthood in other ways in life.46

Donum Vitae recognizes the pain of the infertile couple and so, in faith, invites the infertile spouses to find, “in this sad situation an opportunity for sharing in a particular way in the Lord’s Cross, the source of spiritual fruitfulness”47. This is the moment when the power of acceptance is recommended. An attitude of acceptance makes one happier and more peaceful. For the couple(s) dealing with this overwhelming situation of infertility, especially the primary infertility, instead of getting obsessed to change that which is impossible to change, they are advised to choose to accept that fully so as to enjoy a peaceful state of mind. We know that God has reasons for our plans not working out and for the sometimes awful suffering we are asked to endure. Furthermore, during such terrible moments, couples need to put themselves in the presence of God, try to accept the cross which God is carrying with them, and realize His great love for them; they have to realize that they need the grace of God to embrace this cross as well as all great crosses in life. Until that grace is given to them, all they can do is to struggle on, and try to run away from pain.48

V. MEDICAL SOLUTIONS TO INFERTILITY
It is natural for people who marry to hope for children. The good of marriage is centered on the communion and procreation of the couples which exercise and fulfill the function of reproduction.49 Hence, having children fulfills the couple. However, it’s not a must that the couple gets children. Sometimes one or both spouses may be infertile. Such a couple does not only feel disappointed and unfulfilled but cheated as if they had the right to

47 On Respect for Human Life, Donum Vitae, no.8.
bear children. It is worth noting that fertility is a gift from God. He may bless a couple with fertility or not. He owes nothing to anyone. Since no one has a duty to provide married couples with children, they have no right to demand for them.

Moreover, married couple’s natural desire for children can be partly fulfilled in other ways. The fruitfulness of conjugal love should extend to the level of morality, spirituality and the supernatural life that parents had on their children through education. The Gospel shows that sterility is not a sin. Some of the women in the Bible like Elizabeth the mother of John the Baptist are portrayed as sterile,(Luke 13:6). Spouses who still suffer from infertility even after exhausting legitimate medical procedures can express their generosity by performing demanding services for others.51

5.1. Education on the mode of spread of Sexually Transmitted Infections (STIs)
The most cost-effective approach to solving the infertility problems in Kenya and in the world as a whole is STIs/HIV&AIDS prevention and education. Men and women should be educated on the mode of spread of infections, early symptoms and simple prevention measures such as abstinence. Education is particularly important in the case of youth that are known to be a high-risk group with regard to STIs. Where these disease conditions have occurred, early proper investigations, treatment and follow-up must be emphasized. In this regard availability and easy access to anti-retroviral, antibiotics and antifungal are critical. Poor nutrition and pollution must also be given the deserved attention.52

5.2. Surgical Therapy
Surgery is a medical procedure done to repair the tubal blockages in male and female reproductive system which prevents fertilization. Dr. Gitonga explains that some fertility problems are reversible through this medical procedure; for instance, fibroids can be removed through surgery in order to restore fertility.54

5.3. Pharmacological
Relevant fertility drugs may also be used as far as they are within the legitimate medical procedures morally accepted. For instance, if a woman is infertile because the ovaries do not produce ova or her body does not allow the ova to grow to maturity, the condition can be reversed by applying some relevant hormones which stimulate ovulation. The same case applies to a man who is infertile as a result of low sperm count. In the case of women who have irregular menstrual cycle, according to Dr. Gitonga, hormonal therapy can stabilize the cycle, as well as educating the couple on how to time the ovulation.

VI. CULTURAL APPROACH TO SOLVING INFERTILITY
In the African context, according to J.S Mbiti, marriage is at the centre of focus for the existence of the society. Marriage and procreation are a unity, that is, without procreation marriage is incomplete. It is a religious obligation by which the individual contributes to perpetuation of life in the society. In some societies such as the Kamba and the Maasai among others, it is believed that the living dead come to life through their descendants. Hence if a person has no descendants, he remains forever dead since his contribution is affected by those who are married failing to get children. Therefore, solutions were sought to try to make couples happy by getting their own children. The couples used to consult a variety of specialists to find the cause of the problem and a possible solution. A medicine man was sought in hope of finding a cure for the problem. If this failed there were other possible ways of getting children in the family. If the man was the one who had the problem of infertility, he would allow his wife or wives to have sexual companions among his friends, to fulfill the duty of procreation.

The children were considered as belonging to the infertility man. Another way of trying to get children was asking for blessings from the parents of the husband and wife. Such blessings were

51 Ibid.no.2379.
54 Daily Nation (Nairobi),2 August, 2016.
55 Ibid.
57 Ibid.,107.
60 Ibid.
considered important to fertilize the womb of the woman. Some couples could not bear with the situation and divorce could occur.” According to the Agikuyu customary law, husband may divorce his wife on grounds of barrenness…” This is because the presence of children was a sign of harmony which bonded the couples together. By the consent of the wife, the man could marry another wife, to bear children for the family. Among the Akamba there occurred what was referred to as “female husband” or Maveto marriage. When a woman was barren and her husband did not intend to marry another wife, with consent of her husband, the woman would bring a girl into her family, to bear children for them with one of the relatives of the woman.

VII. ETHICAL RECOMMENDATIONS ON COMBATING INFERTILITY

In the modern time, even with the enormous development evident in the field of medicine during the last two decades, infertility is still with us and its effects still felt in the society today. Some fertility cases have been sorted out and treatment administered while other cases still remain unresolved, thus making infertility a real and painful experience among some married couples.

7.1. Adoption

Adoption of children is legal according to Kenyan laws. The office responsible for adoption is the high court of Kenya and the department of children’s services. The high court may upon application make an order authorizing the applicant to adopt a child. The Church also recommends couples without children to adopt children. In fact, the present Holy Father Pope Francis, in his Apostolic Exhortation Amoris Laetitia admits that some couples are unable to have children, and this can be a cause of real suffering for them. He further explains that marriage was not instituted only for procreation of children, and so even when there are no children, it still retains its character of being a whole manner and communion of life and thus preserves its value and indissolubility. In this regard, Pope Francis notes that motherhood is not only a biological reality, but is expressed in diverse ways such as adoption, he encourages Christian infertile couples who discern alternative means of becoming parents to adopt children, in that way they expand their marital love to embrace those who lack a proper family situation. In this respect the couples who adopt children are able to be productive because they exercise their capacities as parents. However, no adoption of a child precisely can replace the desire of biological children, but it makes the couple to feel fulfilled since they can do the parental duties to the Children they have adopted. Dignitas Personae states:

In order to come to the aid of the many infertile couples who want to have children, adoption should be encouraged, promoted and facilitated by appropriate legislation so that the many children who lack parents may receive a home that will contribute to their human development. In addition, research and investment directed at the prevention of sterility deserve encouragement.

7.2. Fertility Awareness Checkup

People should be educated on fertility awareness checkups; this can be a beneficial step in helping couples understand their current fertility potential. In women, it involves looking at ovarian reserve, that is, the ability of the ovary to provide egg cell that are capable of fertilization, resulting in a healthy and successful pregnancy. In men, it involves a semen analysis, which assesses male factor fertility. Both the tests can provide an overview of the fertility potential, and can assist in creating a treatment plan that will help achieve those affected by infertility dream of parenthood.

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61 Ibid., 183.
62 Ibid.
63 Ibid., 185.
64 Ibid., 184.
69 Ibid., No.179.
7.3. Lifestyle and fertility Diet
The increased popularity of fertility diets may positively contribute to lowering the risk of ovulatory disorder, as a result reducing the risk of infertility. A combination of fertility diet, healthy weight and increased physical activity was found to lower the risk of female infertility due to ovulatory disorder. This means that cases of infertility due to ovulatory disorder is preventable by making simple changes in nutrition and lifestyle. Therefore, sensitization on nutrition should be done effectively so as not to have people suffer from conditions that is preventable or not curable.

7.4. Marriage Counseling
The inability to have children is one of the contributing factor for marital problems, and it has a stressful impact on relationships and can affect a couple’s sex life because it carries with it a sense of denial with sadness and shock born individually when pregnancy does not materialize. There can also be a feeling of fear, guilt and abandonment from the partner who feels the problem lies with them. Due to infertility women can feel less feminine and men can feel less masculine. Therefore, couples dealing with infertility are more likely to feel unhappy with themselves and their marriage. In the face of infertility it is important for these couples to seek professional help if their sadness, depression, worrying or anxiety is prolonged and affecting many areas of their daily life. Seeing a therapist could help them cope with the emotional struggle of infertility. The therapist can teach those coping skills and strategies to hopefully alleviate some of the depression or anxiety. Where infertility becomes even harder because one does not have the support or his/her spouse who in most cases is the only person who can understand what the partner is going through, counseling can help the spouses better understand and support each other.

7.5. Association for Christian Infertile couples
In his Encyclical Letter Familiaris Consortio, John Paul II recommends associations of families for families as one of the way forward to taking care of marriage. He explains that the Church is responsible for various groupings of members of the faithful in which the mystery of Christ’s Church is in some measure manifested and lived. Likewise, this paper recommends an association for Christian infertile couples because it (paper) recognizes the useful contribution such an association can be to them. Such an association brings about the increase of mutual solidarity which stimulates people to perform works of charity for one another and for others with a spirit of openness which make the couples a true source of support for themselves and others. Such association creates an environment which allows the victims of infertility share their experiences and therefore become strong as a result of bonding together and finding comfort and encouragement from one another.

7.6. Speak Openly About Taboo Subjects
In ordinary language, a taboo is a very strong prohibition of an action based on the belief that such behavior is either sacred (declared holy) or too accursed (put a curse on) for ordinary individuals to undertake. Writing about taboo subjects, Caroline Njung’e a Sunday Nation Columnist, commenting on the issue whereby a man chopped off his wife’s hands because the couple had been unable to have children noted that:

It is time we started talking about taboo subjects that we find difficult to talk about such as childlessness and others. It is a fact that not everyone is able to have a child, and this fact should not be a source of shame. Perhaps if more childless couples came forward to talk about their challenge, couples who have either accepted God’s will or have adopted a child, childlessness will cease to become the big issue that it is, and other childless couples who believe that life is not worth living without a child will draw some contentment from these courageous couples…It is time that we started talking about all these unpalatable issues as a nation, otherwise we will continue enabling these vices and allowing the perpetrators, who live among us, to keep doing their despicable acts freely, unchallenged, never to pay for their crimes.

75 Caroline Njung’e, “It’s time we spoke openly about taboo subjects,” in Sunday Nation Lifestyle, Nairobi, 7 August 2016, 3.
8. Pastoral care for the couples affected by Infertility

According to Benedict XVI, the vocation to marriage of the infertile couples is not less because of childlessness. Consequently, the Church has a very crucial obligation of identifying the dangers and the evils that affect the vocation to marriage in view of overcoming them. This is achievable through rendering pastoral care to those in married vocation, particularly the couples experiencing infertility.

While some women feel the pain of childbearing, there are those who feel the pain of not having this gift. Some women spend all their days without a little one to cradle and others wait for years in silent grief until they have a child to mother, like Sarah, Rebekah, Rachael and Elizabeth among others mentioned in the scriptures who became mothers in their old age. In discussing pastoral care for those experiencing infertility, we need to understand the bitterness of soul experienced by the childless women as well as men who long to be fathers. They go through a lot of grief, heartaches and spiritual challenges.

Infertility is not a sin. But it can result to a chain of sins. Fortunately, the Catholic Church has the Sacrament of Penance which can, and indeed it does take away sins. Therefore, the pastoral care ministers should think about the burdens of those affected by infertility and encourage them to overcome the inner struggles they go through, such as resentment, anger, the loss of control, disappointment, Isolation, Jealousy and envy, especially when they see fertile couples bearing children. The Church through her ministry should offer absolution for their sins as well as the sins committed against them. They should be set free from sin and sorrow and be enabled to live in peace.

It should be understood that spiritual care for those affected by infertility is not a once –and –for-all event. Therefore, the pastoral care ministers should be committed to provide continuous services to the infertile couples through counseling, preaching, public and private prayers as well as sacramental services.

It is also important for the pastoral care ministers to be sensitive to the unintentionally excluded. It means that, when we celebrate children, we should not forget that there are people who are childless. We should remember them with compassion. Lastly, when organizing events, groups or recognitions of particular vocations, the pastoral care ministers should consider those having unexpected and even undesired vocations (infertile couples), they should have their own group to which the pastoral care ministers teach contentment in the vocation they have, not the ones they wish they had. Suitable solidarity programs such as empowerment projects like farming, art and craft should be put in place to facilitate the interaction of both the infertile and fertile couples, this will promote the dignity and identity of the infertile persons who everyone else are also created in the image of God (Gen. 1:27).

IX. CONCLUSION

On the part of the spouse, the desire for a child is natural; it expresses the vocation to fatherhood and motherhood inscribed in conjugal love. This desire can be even stronger if the couple is affected by sterility which appears incurable. Nevertheless, marriage does not confer upon the spouses the right to have a child, but only the right to perform these natural acts which are per se ordained to procreation. Therefore, artificial reproduction technologies should not be seen as alternatives to grant the childless couples the right to have children. This is because they are morally unacceptable and at the same time they cannot replace that gesture in which God calls the husband and the wife to become cooperators with Him in the generation of human life. In fact, the Church teaches that it is morally unlawful to separate the unitive and procreative meaning of the conjugal act. However, “techniques aimed at removing obstacles to natural fertilization, as for example, hormonal treatments for fertility, surgery for endometriosis, unblocking of fallopian tubes or their surgical repair, are licit...none of these treatments replaces the conjugal act, which alone is worthy of truly responsible procreation”. At the same time, the Church offers Christian hope for the infertile married couples by paying greater attention to their suffering. The Church reminds them that their vocation to marriage is not less because of childlessness. Even though infertile, they have worth, value and purpose just like the rest of the faithful. They are encouraged to use the many gifts they might possess to be productive in other ways like exercising their parental capacities by adopting children. The Church has always felt obliged to render pastoral care for them, especially those couples experiencing primary infertility they have been told that infertility is not a sin and so instead of struggling to change that which is impossible to change, they should embrace an attitude of acceptance of their condition and embrace this cross in good faith, for in doing that they will find happiness and enjoy a peaceful state of mind.

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76 Benedict XVI, Address to participants in Symposium on Infertility, art. 98.
79 Congregation for the Doctrine of the Faith, Instructions Dignitas personae, no.13
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