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CHRISTIAN ETHICAL EVALUATION OF ARTIFICIAL REPRODUCTION TECHNOLOGIES IN NIGERIAN SOCIETY

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Abstract

This paper examines the ethical implications of artificial reproductive technology (ART) from a Christian perspective in Nigeria. With advancements in medical science, ART procedures have become increasingly accessible, offering hope to infertile couples. However, these technologies raise complex moral questions regarding the sanctity of human life, the dignity of the individual, and the integrity of the family unit within the framework of Christian ethics. Drawing from biblical teachings, traditional values, and the theological stance of the Nigerian Christian community, this study explores the tensions between technological innovation and religious principles. It delves into issues such as the creation of life outside natural means, the disposal of surplus embryos, and the potential for exploitation and commodification of human reproductive capacities. Through critical analysis and theological reflection, the paper seeks to provide insights into navigating the ethical dilemmas posed by ART within the Nigerian context, offering guidelines for informed decision-making and promoting a holistic understanding of human flourishing consistent with Christian values.

Keywords: Christian, Ethical, Evaluation, Artificial Reproduction Technologies, Nigeria Society.

Introduction

The rapid advancement of medical science has ushered in a new era of reproductive possibilities. Artificial Reproductive Technologies (ART) offer hope to countless couples struggling with infertility, promising the fulfilment of their deepest desire for parenthood. Yet, amid these scientific marvels lies a labyrinth of ethical complexities that demand careful consideration, particularly within the framework of Christian ethics. Artificial Reproduction Technology is currently a commonplace technology that has successfully treated millions of infertile couples. However, Brezina and Zhao (2012) affirm that the explosion of this technology has introduced a myriad of new social, ethical, and legal challenges. Some medical considerations have eluded artificial reproductive technologies to a woman's inability to conceive through normal sexual intercourse as a result of an abnormal position of the uterus or from a man's impotence, malformed penis, low sperm count and obesity (Davis, 2004). This could also be as a result of miscarriages, infertility on the part of a man (husband) caused by his inability to produce adequate or fertile sperm, barrenness on the part of the woman caused by her inability to ovulate or produce fertile eggs; or other medical conditions such as untreated infections, incompatibility of blood cells by the couple, or congenital deformity of the genital organs, through accidents, diseases, lack of density or motility of the husband's sperm; psychological causes leading to impotence, premature ejaculation or failure to ejaculate despite normal relations. All these factors hinder the normal reproductive process and give rise to the concept of human artificial insemination (Davis, 2004).

The problem which this study is concerned with is that the Church frowns at any reproductive technique that manipulates the natural reproductive organ. As life begins at conception, destroying embryos in the name of experimentation is tantamount to murdering innocent human beings, while freezing embryos is morally detestable. The purpose of this study is to examine the implications of this act and draw analysis from such action. However, this research will enrich all Church leaders and Christians on how to handle issues relating to Artificial Reproduction Technology in order to resolve conflict issues which have taken over some churches, families and relationships. This paper embarks on a journey of introspection and inquiry, aiming to navigate the intricate terrain of ART through the lens of Nigerian Christian morality. As we embark on this exploration, we are confronted with profound questions about the sanctity of human life, the nature of family, and the responsibilities inherent in our stewardship of reproductive capabilities. By engaging in this ethical evaluation, we strive to illuminate the path forward, offering insights that honour the rich tapestry of Nigerian cultural and religious values while grappling with the challenges posed by modern medical technology. In doing so, we endeavour to foster a dialogue that not only informs individual choices but also contributes to the collective pursuit of a society that upholds the dignity and integrity of human life in all its forms.

Concept of Artificial Reproduction Technology

Many scholars have defined artificial reproduction technology from different perspectives. Generally, artificial reproduction technology is regarded as an artificial and not natural insemination process. According to Peschke (2009), artificial reproduction technology is defined as "impregnation not using natural intercourse, but using mechanical, artificial aids such as syringe, used for the transfer of the sperm" (p. 295). Moreso, Olowe (2012) defines artificial reproduction technology as "the process in which male gametes and the spermatozoa are collected and introduced artificially into the female genital tract for fertilization" (p. 15). Ekeke (2010) defines it as a process by which sperm is placed into the reproductive tract of a female to impregnate the female by means other than sexual intercourse" (p. 57). Ekeke further explains that ART was used primarily as an assisted reproductive technology to treat infertility but is now being increasingly used to enable women without a male partner (that is, single women or lesbians) to become pregnant and have children through the sperm provided by a sperm donor. Opuku (2014) alludes to the fact that the concept of in-vitro fertilization (IVF) was first conceived by Robert G. Edward in the 1950s. He was motivated by the research he conducted on how hormones can control the functioning of the ovaries in mice, such as oocyte maturation and ovulation. After a series of medical research studies, he came up with valid research that showed that human oocytes could undergo in-vitro maturation and fertilization.

Types of Artificial Reproductive Technology

In-Vitro Fertilization

According to Brezina and Zhao (2012), the word in-vitro is derived from its Latin meaning "in glass," otherwise known as "in-glass fertilization", and in this process, the egg and sperm are brought together in a glass laboratory container or test tube and groomed manually or artificially. IVF is the fusion of male and female gametes outside the body in a laboratory to form a zygote (Brezina and Zhao, 2012). The fertilized embryo is then put back inside the woman's body. In-vitro fertilization is a process whereby a woman's egg is removed by

the laparoscope and fertilized with sperm in the laboratory. Typically, the ovaries are stimulated by a fertility drug, and then a few ovaries are removed and fertilized. The most promising zygote is then placed into the uterus, and hopefully, it develops into pregnancy and birth.

According to Peschke (2009), the maturation of several eggs is brought about in the woman's ovaries using drugs. The eggs are surgically removed, fertilized with the male sperm in a glass container, and after a few days, transferred into the woman's uterus in the hope that pregnancy will occur. It has been generally held that the woman is the gestational and genetic or biological mother of the child produced from artificial insemination, while the sperm donor, whether known or unknown, is the genetic or biological father of the child.

Artificial Insemination by Husband (*Homologous*)

This method involves the use or placement of the husband's sperm in his wife's uterus to fertilize the ovum and produce a child without sexual intercourse. It is otherwise referred to as homologous insemination. This is the least controversial method because the gametes involved belong to the couple themselves (Brezina and Zhao, 2012). It can be seen as the overcoming of a mere physical obstacle to the conception of the couple's child. Homologous insemination is considered medically responsible on principle. One will have to admit that where the sperm comes from the husband, the child is conceived as the fruit of the legitimate marriage and is a legitimate child. According to Brezina and Zhao (2012), the procreative meaning of the sexual act is by no means frosted in this kind of artificial insemination but, on the contrary, supported. The direct purpose of the insemination is the conception of a child. And since the husband and wife desire a child together because of their love for each other, the sexual act also retains its meaning as an expression of love. Hence, the double end of sexuality is secured in homologous insemination. The directly intended ejaculation outside of the woman's vagina or even outside of a marital act does not possess the characteristic defects of true masturbation as the solitary sin judged objectionable is not verified in homologous insemination (Peschke, 2009).

Artificial Insemination by Donor (*Heterologous*)

Artificial insemination by a donor is when sperm is obtained from a donor generally unknown other than the husband; one speaks of heterologous insemination. Brezina and Zhao (2012) opine that this involves the use of the sperm of an anonymous sperm donor, especially when the husband cannot produce healthy sperm cells or the woman has no partner or is a lesbian. This is also known as heterogonous insemination. This has been more controversial because it involves the sperm of another male, typically an anonymous sperm donor, so that any child conceived will be genetically linked only to its mother. This would be resorted to when the husband lacks viable sperm or when he carries the trait of a genetic disorder that might be passed on to the offspring. Atkinson (1995) asserts that this compromised technique uses any available semen from the husband in conjunction with that of the donor for whatever psychological benefits there may be in the couple's believing that the child might be his.

Surrogacy

Another method of artificial reproductive technology that has generated controversy is that of surrogacy. According to Brezina and Zhao (2012), Surrogacy is the bearing of a child by

a woman for another couple. In partial surrogacy, a woman agrees to be inseminated artificially by the husband of a childless couple to provide for the couple a child who will be genetically related to the husband, if not the wife. This is performed if the wife is infertile (Atkinson, 1995). In a simple term, Brezina and Zhao (2012) define surrogacy as where a husband's sperm is used to impregnate another fertile woman (not the wife), a third party who carries the pregnancy and bears the child for the couple. In the case of full surrogacy, the procedure is transferring an egg fertilized in the laboratory (IVF) to a woman who then carries it and delivers the baby to the couple. In this method, the mother is typically engaged by an agency, which, for a fee, arranges a contract between the couple and the mother. According to Atkinson (1995), this method has largely been abused by women who now employ or contract other women to become pregnant by their husband's sperm simply because they do not want to lose their shape, physique or physical appearance or other symptoms associated with pregnancy.

Intra-vaginal insemination: This method involves the placement of the sperm in the woman's vagina by artificial means.

Intra-cervical insemination: This is a process where sperms are deposited or placed inside the cervix of the woman to impregnate her.

Intra-uterine insemination: Intra-uterine insemination whereby the sperm is deposited directly in the female uterus.

Intra-fallopian insemination: This is insemination in which the sperms are deposited or placed inside the pelvis near the mouth of the fallopian tube (Geish and Wilson, 1981).

History of Artificial Reproductive Technology

The history of artificial reproductive technology insemination varies depending on the scholar's perspective. Davis (2004) opines that artificial insemination dates back to the latter part of the eighteenth century in the case of humans and possibly as far back as the fourteenth century for animals. According to Davis, it was the Arabian horse breeders in the fourteenth century that successfully inseminated a mare with the semen of a stallion. He further asserts that the first successful human artificial insemination was performed by an English surgeon, John Hunter in 1790. In America, Marion Sims also performed human artificial insemination in 1866 but forcefully abandoned the experiment because of the public outcry it produced (Davis, 2004). However, in 1978, the first test-tube baby, Louise Joy Brown, was conceived by in-vitro fertilization and was born at Oldham and District General Hospital in Manchester, England, in the United Kingdom through the instrumentality of Artificial Insemination. In Nigeria, the first test-tube baby, Miss Hannatu Kupchi, is now 17 years old and was born at Nisa Premier Hospital in Abuja on February 11, 1998. This medical breakthrough, though laudable in solving human fertility problems, has equally given birth to increased medical, ethical, political, religious and legal debates as to the morality or otherwise of the practice of Artificial Insemination.

Positive Implications of Artificial Reproductive Technology

Some Christians and theologians in support of artificial reproductive technology argue that artificial insemination has helped in solving the problem of childlessness (infertility) in society, which has directly reduced the practice of polygamy, especially in African societies, by helping women who were incapable of conception to conceive. Furthermore, despite the option of adoption by childless couples, artificial insemination offers a better option of having and raising one's biological child despite the odds. This gives a more fulfilling feeling of satisfaction than adopting another's child. Thus, it has helped to preserve progeny, especially in the African culture, where one's family name and bloodline must be carried on to the next generation. According to Nzeh (2014), with in-vitro fertilization, a couple can have biological children of their own, especially when there is no difference between a baby born through the in-vitro fertilization process and a baby born through a natural process. Murray (2015) argues that inherited diseases can be reduced through artificial insemination. According to him, fetuses used during the in-vitro fertilization process are free from genetic diseases such as cystic fibrosis, down's syndrome, sickle cell anaemia and Tay Sachs disease with the help of genetic screening technology called preimplantation genetic diagnosis (PGD) or preimplantation genetic screening (PGS) when such genetic problem run in a parent or family history (Murray 2015). Furthermore, artificial insemination has helped to reduce HIV patients by intrauterine insemination of an HIV-negative woman with washed and prepared sperm of her HIV-positive husband. It has also helped in the preservation of sperm by freezing it for future use before Radiotherapy or chemotherapy takes place for cancer patients. It has helped men who had a problem of producing sperm during sexual intercourse with their female partner (wife) to have children and also women with minimal to mild endometriosis (that is where cells that are usually found only in the lining of the uterus (womb) begin to spread or grow into other parts of the woman's reproductive system, which in most cases is responsible for infertility among women) to now have children through artificial insemination (Ayantayo, 2009).

From the sociocultural and religious perspective, Brezina and Zhao (2012) agree artificial insemination has helped couples who were viewed by society as barren, cursed, infertile, childless, witches and wizards or even sinful as a result of their childless state to become free from the pedicles, accusations and stigmatization by in-laws, church members and the society at large. However, despite the scientific breakthrough and the relief artificial insemination has brought to families globally, the method has raised some ethical, legal, social and theological questions that need to be addressed. For instance, is it biblically right to reproduce a child through technological means? Should a Christian couple accept artificial insemination as a means of solving the problem of childlessness? Does the use of a stranger's sperms, egg or uterus go against the sovereign will of God in marital child-begetting? Should children be told that they were conceived using donor sperm or in vitro? These questions now bring us to the negative implications of ARTS.

Negative Implications of Artificial Reproductive Technology

One strong argument against artificial reproductive technology, according to Brezina and Zhao (2012), is that it involves a third party, and the Church does not approve a third party's involvement in the procreation process, such as egg or sperm donation or surrogacy. The fertilization of the egg in a glass container views children as mere products that can be produced and discarded at will rather than Children as gifts from God. From the biblical

perspective, God created man in his image, male and female he created them (Gen. 1:27) and endowed in them different sexual organs for procreation. This differentiation is what constitutes human nature and essence, and destroying this in the name of experimentation means destroying the very image of God in humans. With this in view, some Christians argue that the idea of artificial insemination runs counter to God's will for humanity. Again, some scholars arguing on moral grounds opine that artificial insemination encourages single parenting, surrogacy, gay marriages, and lesbianism, as well as making children bearing a lucrative business for some businessmen who store frozen sperm and eggs for sale at high and exuberant cost.

Christian Ethical Appraisal of Artificial Reproduction Technology

Christian considerations on ethical issues such as this are viewed from the authority of the Scripture. It is on this ground that Kunhiyop (2008), opines that Christian ethics and all ethical norms come from God and as such, it should be treated with care since such norms are not based on human values and ideas but derived their content and sanction and dynamics and goal from God'. From the Christian perspective, the problem of childlessness in the world today is not new. It is traceable as far back as the Old Testament. The remedy available for childless couples in the past was adoption or polygamy. However, according to Brezina and Zhao (2012), adoption did not satisfy the desire of parents to have their children because the result of medical science now offers a variety of options to childless couples. This situation doubtless has raised numerous issues ranging from the morality of its practices to the political, socio-economic and religious consequences. As with other issues involving human procreation, an ethical analysis of the nature of artificial insemination transcends medical and legal considerations and anchors on the morality of artificial insemination on the divine purpose for human sexuality and the institution of marriage. Davis (2004) advises that in dealing with the issue of artificial insemination, serious considerations must be taken with regard to the divine purpose for human sexuality and the institution of marriage. Otherwise, the generation of human life will be placed on the same level as that of animal husbandry because the technical possibilities are similar (Davis, 2004). From the Christian perspective, the most explicit teaching of the scripture is that God is sovereign over his entire creation. In other words, he has absolute authority and rules over his creation. This means that since God is sovereign, he is all-knowing, all-powerful and free. There is no rival or competitor, no spirit or thing, that can undetermined his sovereign and loving provision for his creation. His kingdom rules over all (Ps. 103:19). Atkinson (1995) opines that:

For Christians, the issues of God's sovereignty and plan for his people's lives are real issues. Recourse to technological means, even when ethically acceptable, may not be in God's plan for couples. Sarai's turning to 'representational begetting' as a solution to barrenness was a socially acceptable practice but was not God's will for her or Abram, and this had far-reaching consequences (Gen. 16:1-12, 17: 19-21). (p. 224).

Still, in the light of God's sovereignty, the bible encourages God's people to look beyond their circumstances to God's wider purposes. The wider purpose of God may differ from the individual's desire or purpose. God's predetermined purpose is eternal, and short-circuiting God's predetermined purpose may have an eternal consequence, as was in the case of Sarai and Abraham. In Galatians 4:4, God sent His son "at the fullness of time" Zechariah

and Elizabeth were both 'upright in the sight of God' (Lk 1:6), but for years, they suffered barrenness and social disgrace but at the fullness of time, God fulfilled His purpose by blessing them with John the Baptist. Echoing the same opinion, Opuku and Addai-Mensah (2010) view this "technique as an intrusion in the divine process of procreation, an intrusion into the bond of marriage and parenthood, the sanctity of life to the status of the embryo" (p. 50). The Roman Catholic Church, on the other hand, approves two types of reproductive assistance, which are intrauterine insemination and Gamete Intra-Fallopian Tube Transfer (Shank, 2012). The acceptance of these two methods is based on the fact that masturbation is not the means of collecting sperm (Nzeh, 2016). It is more natural than manipulative.

The Church, therefore, frowns at any reproductive technique that manipulates the natural reproductive organ. Nelson (2008) opines that "the fertilization of the egg in a glass dish views children as mere products that can be produced and gotten rid of rather than a gift from God. As life begins at conception, destroying embryos in the name of experimentation is tantamount to murdering innocent human beings, while freezing embryos is morally detestable. Grave (2012) frowns at the process of sperm collection and indicates that the sperm used in the process is usually obtained through masturbation, which the church condemns to be immoral. For Christians, masturbation, nondomestic intercourse, coitus interruptus or any other methods not connected with marital intercourse are against God. The following passages in the Bible condemn the practice of homosexuals, whether gay or lesbianism, as sinful (Lev. 18:22, 20:13, Rom. 1:26), implying that since gay or lesbian relationships cannot on their own reproduce a child but only depend on sperm or egg obtained from an unknown donor it will involve the manipulative process which the church condemns. It is on this note that the heterologous process of artificial insemination is more controversial, especially among Christians. Moral theologians, speaking against heterologous insemination regarding lesbian couples or unmarried women seeking to have a child through an anonymous sperm donor, argue that the child from the start will be deprived of a father and a normal family life, which they see as an injustice, as well as an aberration of the biblical principle of parenthood and declare the process unacceptable and also as infringing on the natural right of an infant. They opine that the right of a child to be brought up in a healthy and normal family life must be protected and put in focus when lesbian couples request artificial insemination (Peschke 2009). In the case of homologous insemination, this is the least controversial because the gametes involved belong to the couple themselves. Where the husband's sperm is used to fertilize the wife's ovum, and a child is produced without sexual intercourse. It can be seen as overcoming a mere physical obstacle to the conception of the couple's child. In this case, according to Peschke (2009):

The insemination is with the consent of the husband. This guarantees a basic acceptance to the child. In this way, it is argued, a childless couple can find the happiness of the blessings of children. Also, the husband shares in the blessings, since for a man the experience of psychological fatherhood is more important than the knowledge of being the biological father. (p. 295).

Some Christian homosexuals have argued in defense that heterologous artificial insemination should be accepted as a practice since biblical characters like Ruth and Naomi (Ruth 1:4) and David and Jonathan (1Sam. 18:20) were lovers and may have agreed to own a child if such methods were available in their time. They present these Bible characters as Christian models for lesbian and gay relationships in justifying their desire for heterologous artificial insemination. In Genesis, God gave man the command to be fruitful and multiply,

which clearly shows God's desire for human multiplicity, and since fruitfulness is God's plan for mankind, it is within His ambit to do so according to His sovereign will. The argument here is that since it is God's prerogative to give children and not man, not science, sperm donation and artificial insemination by scientists represent a contention with God as the giver of children. While couples, even Christian couples, often feel they have a "right" to have children, and so can do whatever it takes to have them, Christians are employed to wait patiently on the giver of all good gifts and consider their state a mere trial aimed at glorifying God in the end according to Romans 8:28. Thus children should be seen as precious gifts from God and not guaranteed "objects" to be bought or acquired through artificial insemination.

Secondly, the word of God limits sexual relations within the context of marriage alone (Exo. 20:14), condemning any sexual relationship outside marriage. Within marriage, there are no restrictions on sexual activity except if it is selfish or abusive (I Cor. 6:19, 7:3-5, Heb 13: 4). The three primary purposes of a marriage of procreation, relational and healing are advised to be held in honour. Masturbation and adultery are regarded as sinful before God. From the biblical perspective, since masturbation, which is self-stimulation of the sexual or genital organ manually or by other artificial means to attain sexual gratification, is against God, obtaining semen from either the husband or the donor is tantamount to sin, which the Bible abhor. While there are no clear Biblical references to masturbation in the Bible, Christian scholars and leaders have strongly condemned it.

Another issue raised on sexual relationships as it relates to artificial insemination is adultery, which the Bible in Matt.5:27-28 outright condemns. Artificial insemination by a donor has been termed adultery by many Christians since it involves a third party. Uduigwomen (2001) argues that such a pregnancy should be considered as being out of wedlock and, therefore, illegitimate. Advocates of artificial insemination by the donor, on the other hand, have argued that there is no adultery involved in it since there is mutual consent between the husband and his wife. Commenting on the statement made by Jesus in Matt.5:27-28 that "... anyone who looks on a woman to lust for her has committed adultery with her already in his heart". Anderson (1982) declares in negation that "there is no such attitude discernable in artificial insemination by donor" (p. 139). This group of Christians argue that a man who is masturbating to either donate sperm or to produce sperm to impregnate his wife may not necessarily have engaged in any lustful thoughts. The Catholic Church strongly condemns Artificial insemination by donors, especially because of its third-party involvement, stressing that sexual relationships should be aimed at fulfilling the natural or proper ends of marriage, which is for procreation and punitive function.

Thirdly, it has been observed that there is a high rate of infant death and deformity among children conceived through artificial insemination. This suggests to Christians that God is not in support of artificial insemination as a means of solving childlessness or infertility. Some have agreed that artificial reproduction technologies can be likened to the levirate marriage as was practised in the Old Testament, whereby a brother took his late brother's widow as the wife to produce children to bear and preserve the name and lineage of his late brother where he died childless. This is, however, not the case in artificial insemination, especially artificial insemination donors where the donor is anonymous and does not know who his sperm was used on nor the child produced by that process except an occasion demands it. Ethically, Christians have tried to consider whether or not it is 'right' to use artificial insemination to have children. According to Geisler (1971), auto-sexuality

is wrong only if it leads to sin, such as lust or enslaving habit. If the act were performed for selfish reasons, then it could be considered, on that note right to do so. Thus, some Christians support artificial insemination since the purpose is to give hope and joy to a childless couple. Many marriages are broken as a result of childlessness, especially in most African societies where an heir is of uttermost importance in marriages.

Conclusion

In concluding our exploration of the Christian ethical evaluation of artificial reproduction technologies (ART) in Nigerian society, we are reminded of the profound tensions that exist between technological advancement and moral responsibility. Throughout this inquiry, we are faced with complex questions concerning the sanctity of life, the integrity of the family unit, and the ethical boundaries of scientific intervention in the realm of human reproduction. Within the context of Nigeria's deeply religious landscape, where Christianity serves as a cornerstone of cultural identity, navigating the ethical landscape of ART requires a delicate balance between reverence for tradition and openness to innovation. This research has highlighted the need for a nuanced approach that acknowledges the legitimate desires of couples for parenthood while upholding the foundational principles of Christian morality. As we reflect on the diverse perspectives and ethical considerations raised in this discourse, we recognize the importance of fostering dialogue and collaboration among religious leaders, healthcare professionals, policymakers, and the wider community. By engaging in open and respectful conversation, we can seek to forge a consensus that honours the dignity of human life, safeguards the well-being of families, and promotes ethical practices in the realm of reproductive technology. The aim is not only to provide guidance for individual decision-making but also to contribute to the cultivation of a society that embraces both technological progress and moral integrity. By grounding our ethical evaluation in the rich traditions of Nigerian Christianity, we aspire to chart a course that fosters human flourishing and ensures that our advancements in science and medicine are guided by principles of compassion, wisdom, and ethical discernment.

Furthermore, this research observes that the rejection of artificial insemination by donor which involves a third party by Christians is because marriage is meant to be a sacred institution which exists only between the husband and his wife. It is a scientific way of committing adultery, which is also called "mechanical adultery", which is ethically and biblically wrong in the light of the following passages Mk. 10:11-19, Lk. 16:18-20, Gal. 5:19. For these reasons, some Christians do not accept Artificial Reproduction technology, though some people may argue why blood donation or transfusion is accepted and sperm rejected. The reason is that blood donation and transfusion do not result in the reproduction or creation of another human but for survival or are meant solely to save a life in need. In artificial insemination, sperm donated reproduces a baby that may not possibly know his father, and this brings about a serious moral issue as to the paternity of the child.

Recommendations

- a. This work encourages Christians to always pray and wait on God rather than resort to artificial insemination since this may not be the will of God for them.
- b. Medical practitioners should develop a more natural way of obtaining sperm from a donor to void masturbation, which is against the Christian doctrine and a perversion of a natural sexual act.

- c. The government should place a serious restriction on the commercialization of frozen sperm and eggs by scientists, biotechnologists and medical practitioners. Donation of sperm and eggs should only be restricted to married men and women who are not practising homosexuality.

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