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Article

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ETHICAL IMPLICATIONS OF INVITRO FERTILISATION ON CHRISTIAN FAMILIES IN BENUE STATE

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Abstract

The increasing availability of Invitro Fertilisation (IVF) in Benue State marks a significant development in the treatment of infertility and presents Christian families with new possibilities as well as complex ethical, theological, and pastoral questions. The establishment of an IVF unit at Benue State University Teaching Hospital (BSUTH) in 2024 has further brought assisted reproduction closer to ordinary families in the state, where procreation carries profound cultural, familial, and religious significance. This paper aims to examine the ethical implications of IVF for Christian families in Benue State and to identify principles that can guide responsible reproductive decisions within Christian faith and practice. The problem addressed is that many Christian couples confronted by infertility now have access to IVF but lack adequate theological, ethical, medical, and pastoral guidance for evaluating its moral implications. The study adopts the qualitative research design and makes use of the expository and evaluative methodologies. The expository method explained Christian-denominational ethical teachings on IVF in detail while the evaluative method considered moral dilemmas and the ethical implications of IVF. The findings reveal that IVF raises significant concerns regarding the sanctity of human life, the moral status and fate of embryos, marital integrity, commodification of reproduction and the emotional and spiritual well-being of couples. The study further shows that Christian denominations in Nigeria do not hold a uniform position on IVF, thereby, creating a need for informed and sensitive pastoral responses. It recommends that churches strengthen bioethical education and pastoral training; Christian couples engage in prayerful discernment with qualified medical and spiritual advisers; adoption be actively destigmatised as an alternative pathway to parenthood; and theological institutions, churches, and medical organisations collaborate

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in developing relevant Christian bioethical guidelines for assisted reproduction. The paper concludes that Christian engagement with IVF in Benue State requires a balanced integration of respect for human dignity, biblical convictions, medical knowledge, pastoral compassion, and sensitivity to the cultural realities surrounding infertility and family life.

Keywords: Invitro Fertilisation (IVF), Christian Families, Benue State, Ethical Implications, Christian Bioethical Guidelines.

Introduction

In recent years, Benue State has witnessed the emergence of assisted reproductive services previously unavailable locally. In March 2024, the Benue State University Teaching Hospital (BSUTH) in Makurdi established a dedicated IVF unit to make the procedure accessible to women challenged with infertility. This brought IVF to a publicly funded hospital in Benue for the first time. The hospital's Chief Medical Director, Dr. Stephen Hwande, reported that 25 women were scheduled as the first batch for IVF treatment in April–May 2024, and that the Governor, His Excellency, Rev. Fr. Dr. Hyacinth Iormem Alia had directed these services be subsidized for those women (<https://www.vanguardngr.com ›Health>). This public-sector initiative means BSUTH became one of the few teaching hospitals in Nigeria offering IVF. In January 2025, BSUTH announced its first IVF baby as a news report noted, BSUTH was “the first among public hospitals in northern Nigeria to record IVF success, and the cheapest all over the country at the rate of N400,000” (<https://www.vanguardngr.com ›Health>). This is vastly lower than the millions often charged elsewhere in Nigeria. The implication is that IVF is now an available fertility option in Benue State, moving IVF from an abstract notion to real practice for many Christian couples in the state.

Background on the Notion of IVF in Benue State

In vitro fertilisation (IVF) is one of the most transformative medical technologies of the twentieth and twenty-first centuries, enabling millions of couples who would otherwise be unable to conceive to have children. IVF involves the fertilisation of an egg by sperm outside the human body, in a laboratory setting, after which the resulting embryo or embryos are transferred into the uterus of a woman. Since the birth of Louise Brown, the world's first IVF baby, in England in 1978, the technology has spread globally and has been embraced with varying degrees of enthusiasm across different cultural, religious, and socioeconomic contexts (Stephoe and Edwards 366). In Nigeria, and particularly in Benue State, IVF has gradually become more accessible as fertility clinics have proliferated across major urban centres including Makurdi, the state capital. Benue State, situated in the Middle Belt of Nigeria, is predominantly inhabited by the Tiv, Idoma, and Iggede peoples, communities with deeply rooted Christian traditions and strong extended family systems that place enormous social and spiritual significance on procreation. The inability to bear children commonly described as infertility carries enormous stigma in this cultural milieu, often leading to marital instability, social ostracism, and profound psychological distress (Omale 48). It is within this social and cultural framework that IVF has emerged as both a medical solution and a theological dilemma for Christian families in Benue State. As the technology becomes more accessible due to the establishment of assisted reproductive technology (ART) centres across Nigeria, including facilities accessible to residents of Benue State, Christian couples increasingly find themselves confronted with decisions that pit medical possibility against religious conviction. The conversation about IVF in Nigeria is not occurring in a vacuum. National-level discourse, as well as global theological debates, shapes how local communities receive and interpret this technology. The National Health Act of 2014 and

subsequent regulatory frameworks have attempted to address reproductive technologies in Nigeria, though comprehensive legislation specifically governing ART practices remains a work in progress (Adekunle and Oluwafemi 34). Meanwhile, fertility specialists in Nigeria report a dramatic increase in demand for IVF services, driven by high rates of infertility linked to conditions such as fallopian tube damage, polycystic ovary syndrome, male factor infertility, and unexplained infertility (Ikechebelu and Onah 3). For Christian families in Benue State, navigating these medical realities through the lens of faith remains an urgent and largely unresolved challenge.

Ethical Concerns

There are several ethical concerns regarding the practice of Invitro-fertilisation which will be explored under this section.

Sanctity of Life

Itodo Philip strongly noted that most of the foundational ethical concerns raised by IVF in Christian thought is the question of the sanctity of human life, particularly as it relates to the status of the human embryo. Christian theology, across many traditions holds that human life begins at conception and that each human being, from the moment of fertilisation, bears the image of God (*imago Dei*) and possesses inherent dignity and worth. This conviction, rooted in texts such as Psalm 139:13-16 and Jeremiah 1:5, forms the bedrock of Christian ethical opposition to practices that threaten embryonic life (Grenz 49). IVF, in its standard practice, involves the creation of multiple embryos, not all of which are transferred to the uterus. Surplus embryos may be frozen indefinitely, donated to other couples, used for research, or discarded. Each of these outcomes raises profound questions for Christians who believe that every embryo constitutes a human person deserving of life and protection. The destruction of embryos, even those deemed medically unviable, is viewed by many within the Roman Catholic tradition and significant segments of evangelical Christianity as morally equivalent to the taking of human life (Congregation for the Doctrine of the Faith 16). Okoh Theresa and Nalaya R agree that for Christian families in Benue State, many of whom belong to denominations that affirm the sanctity of life from conception, this presents an acute moral dilemma.

Furthermore, IVF often involves procedures such as preimplantation genetic diagnosis (PGD), which allows embryos to be screened for genetic abnormalities before transfer. While proponents argue that PGD prevents suffering, critics contend that it reduces human embryos to objects of quality control and reintroduces eugenic logic into reproductive medicine (Sandel 46). Philomena Mba says that for Christians in Benue State who hold a providential view of human life, believing that God has a purpose even in human suffering and disability, the selective destruction of embryos on the basis of genetic profile is theologically troubling (Oral interview). Similarly, Ogbaji Catherine and Rose Ama hold that the issue of selective reduction, wherein one or more fetuses in a multiple pregnancy are terminated to improve the chances of survival for the remaining fetuses, is yet another dimension of the sanctity of life debate (Oral interview). Although selective reduction is not always required in IVF, the statistical likelihood of multiple pregnancies arising from multiple embryo transfers makes it a real possibility that families must reckon with (Oduyoye 72). For Nigerian Christians in Benue State, whose religious traditions categorically condemn abortion, the prospect of selective reduction may render IVF entirely unacceptable.

Moral Concerns

Beyond the specific question of embryonic life, IVF raises broader moral concerns that are relevant to Christian ethical reflection. One of the central concerns relates to the commodification of reproduction: the transformation of human procreation into a commercial transaction. IVF is expensive, and in the Nigerian context, the costs can be prohibitive, with a single IVF cycle typically costing between three hundred thousand and one million naira or more (Giwa-Osagie 18). The commercial dimension of IVF means that access to assisted reproduction is heavily stratified by socioeconomic class, raising questions about justice and equity that Christian social ethics must address. This view was also immensely quoted by Aleshi Musa and Ekpah S during an interview. They insisted that IVF has turned human beings into products that could be easily bought so long as anyone could afford yet, this also creates the challenge of widening the socioeconomic gap since the poor may not afford it (Oral Interview).

Moral concerns also arise from the involvement of third parties in the reproductive process. Egg donation, sperm donation, and surrogacy, which are sometimes associated with IVF, introduce complex questions about parenthood, identity, and the relational obligations that arise from procreation. The Christian tradition has consistently affirmed that children have a right to know their biological origins and to be raised within stable family structures (Atkinson and Field 315). Where IVF involves gamete donation, these values may be placed under stress, particularly in communities like Benue State where lineage and kinship ties are of profound social and spiritual importance. The moral concern about playing God is also frequently articulated in Christian critiques of IVF. This objection holds that by taking control of the processes of conception, gestation, and selection, human beings are arrogating to themselves a creative prerogative that properly belongs to God alone (Mbiti 92). While not all Christian theologians accept this argument, many contend that medicine in general involves a legitimate human participation in God's ongoing care for creation as it remains a powerful intuition for many ordinary Christians in Benue State whose theological anthropology emphasises human dependence on divine sovereignty.

Stewardship and Trust

Christian ethics has increasingly engaged with the concept of stewardship as a framework for evaluating human actions, particularly in relation to natural resources, biological life, and technological power. Stewardship theology holds that human beings are not autonomous owners of creation but trustees who are accountable to God for how they use the gifts and capacities entrusted to them (Wright 48). Applied to IVF, this idea raises questions about whether the technological mastery over reproduction constitutes responsible stewardship or an overreaching of human agency. For Christian families in Benue State, the stewardship question is often framed in terms of trust. Infertility, within many theological frameworks, is not necessarily interpreted as a curse or divine punishment, but rather as a circumstance within which God calls his people to trust in his provision and timing. The stories of barren women in the Hebrew Bible such as Sarah, Rebekah, Rachel, Hannah, and Elizabeth are frequently cited as paradigms of faithful waiting and divine faithfulness, not as endorsements of medical intervention (Okafor 63). The decision to pursue IVF can thus be experienced as a failure of trust, a reaching for human solutions where divine provision is expected. At the same time, a more nuanced stewardship theology would argue that God has also given human beings the gift of intelligence, scientific inquiry, and medical skill, and that these too are to be used wisely in service of human flourishing. The tension between trust and action, between waiting on God and employing human means, is not unique to IVF but characterises Christian engagement with medicine as a whole. Theological discernment

in this area requires careful attention to both the specific practices involved in IVF and the broader spiritual context in which couples are making decisions (Kilner 201).

Impact on Family Dynamics

The impact of IVF on family dynamics is multi-dimensional and cannot be reduced to a simple positive or negative assessment. For couples who successfully conceive through IVF, the experience can deepen bonds of marital intimacy forged through shared struggle, reaffirm religious faith through answered prayer, and bring the immeasurable joy of parenthood. However, the process itself, which typically involves multiple cycles, significant financial investment, physical discomfort for the woman, emotional strain for both partners, and the uncertainty of outcome, can also impose severe stress on marital relationships (Dyer et al. 1304). In the Benue State context, the dynamics of extended family involvement further complicate the IVF experience. Nigerian families, including those in Benue State, tend to operate on a model of collective decision-making in which the extended family: parents, siblings and in-laws play a significant role in reproductive choices. The decision to pursue IVF is rarely, if ever, a purely private conjugal matter; it is embedded within networks of familial expectation and obligation. In some cases, family elders may oppose IVF on religious or traditional grounds, creating conflict between couples who wish to pursue treatment and family members who regard it as unnatural or impious (Eze 87).

The question of disclosure is particularly sensitive. Many couples who undergo IVF in Nigeria prefer to keep this information private, for fear of social stigma or theological censure from their church communities. This culture of secrecy can create psychological burdens and prevent couples from accessing the pastoral and communal support they need. Children born through IVF may grow up unaware of the circumstances of their conception, raising questions about identity and truth-telling that Christian ethics regards as foundational (Nwachukwu 114). The long-term implications for children's sense of identity, particularly in cultures where biological lineage is central to personhood, are areas that require further empirical and theological attention. The emotional and relational toll of IVF failure must also be considered. For couples who undergo IVF unsuccessfully particularly those who experience repeated failures or the loss of embryos, the grief can be profound and complex. Miscarriage and implantation failure in the context of IVF are experienced not only as medical events but as spiritual crises, especially for Christians who have prayed earnestly for conception. The theological processing of reproductive loss, and the role of the church in supporting grieving couples, represents an important dimension of pastoral care that is often inadequately addressed in Nigerian Christian communities (Imhangbe 56).

Biblical Principles

A thoughtful engagement with the ethics of IVF for Christian families in Benue State must be grounded in biblical principles, even where those principles do not straightforwardly resolve the complex questions raised by reproductive technology. Several biblical themes are particularly relevant to this discussion. First, the biblical affirmation of children as a gift from God (Psalm 127:3) establishes the theological context for understanding the desire for children as good and legitimate. The anguish of infertility is acknowledged throughout Scripture with deep compassion, and the Lord is depicted as one who opens the womb and hears the prayers of the barren (1 Samuel 1:10-20; Genesis 30:22). These texts affirm that the longing for children is not merely a cultural or biological drive but a spiritual aspiration that God regards with favour. Second, the biblical principle of the sanctity of human life, as discussed in the previous section, requires that any reproductive practice be evaluated in

terms of its treatment of nascent human life. The sixth commandment's prohibition against murder, as well as texts such as Proverbs 6:17 (which lists the shedding of innocent blood among things the Lord hates), has been interpreted by many theologians as extending protection to embryonic human beings (Frame 388).

Third, the biblical vision of marriage as a covenant between husband and wife, ordered toward mutual love and the procreation of children within that covenantal bond, has implications for how IVF is evaluated when it involves third-party gametes. The one-flesh union of Genesis 2:24, and the theological significance of biological parenthood within the covenant of marriage, suggests that practices which introduce third-party genetic material into the family unit may compromise the integrity of marital covenant (Thatcher 143). This is an argument that not all Christian theologians accept, and its application requires careful contextual sensitivity. Fourth, the biblical call to justice (Micah 6:8; Amos 5:24) raises questions about the equitable distribution of reproductive technologies and the exploitation of vulnerable women who may serve as egg donors or surrogates under conditions of economic duress. Christian families and communities in Benue State who are considering IVF are called to reflect not only on their own circumstances but also on the broader social justice implications of the systems within which they participate.

Diverse Church Views

The Nigerian Christian landscape is marked by striking denominational diversity, and the attitudes of different church traditions toward IVF reflect this diversity. The Roman Catholic Church has articulated the most systematic and comprehensive opposition to IVF, rooted in its natural law tradition and its understanding of the inseparability of procreation and conjugal love. The document *Donum Vitae* (1987) and its successor *Dignitatis Personae* (2008), both issued by the Congregation for the Doctrine of the Faith, unequivocally reject IVF on the grounds that it separates procreation from the conjugal act, treats embryos as objects, and routinely involves the destruction of human life (Congregation for the Doctrine of the Faith 8). Catholic churches in Benue State, including those under the Diocese of Makurdi and the Diocese of Gboko, are expected to counsel their members in accordance with these teachings. Mainline Protestant denominations, including the Anglican Church of Nigeria, the Methodist Church Nigeria, and the Presbyterian Church of Nigeria, have generally taken more nuanced positions, neither categorically condemning nor unconditionally endorsing IVF. These traditions tend to affirm the value of medical science in treating illness, including infertility, while expressing concern about specific practices such as the destruction of embryos, gamete donation, and surrogacy. The Church of Nigeria (Anglican Communion) has encouraged its members to seek pastoral counsel before pursuing IVF and has called for the development of denominational guidelines that can help families navigate these decisions (Akinwande 102).

Pentecostal and charismatic churches, which represent the fastest-growing segment of Nigerian Christianity and have a strong presence in Benue State, have tended to engage with IVF primarily through the lens of healing and divine provision. Many Pentecostal pastors encourage couples to first exhaust the possibilities of prayer, fasting, and miraculous healing before turning to medical intervention. Some Pentecostal leaders are categorically opposed to IVF on the grounds that it represents a lack of faith, while others take a more pragmatic view, supporting IVF as a legitimate tool of God's provision so long as it is conducted within ethical boundaries such as the avoidance of embryo destruction and the exclusive use of the couple's own gametes (Ojo 78). African Instituted Churches (AICs), which blend Christian faith with African traditional religious sensibilities, often approach infertility through a

spiritual and communal framework that may include prayer, ritual, and traditional medicine alongside or instead of biomedical intervention. For members of these communities, IVF may be viewed with suspicion not only on theological grounds but also because it is perceived as a foreign, Western technology that is incompatible with African spiritual understandings of procreation and family (Ezenweke 134).

Guiding Principles

Given the diversity of church positions on IVF, it is important to identify some guiding principles that can help Christian families in Benue State navigate this complex terrain with theological integrity and pastoral wisdom (Yaakugh Nancy, Zoho Msughter and Esther Onoja, Oral Interview). Drawing on the resources of Christian ethics, bioethics, and African theology, several principles emerge as particularly important. The principle of respect for human life from conception requires that any form of IVF pursued by Christian families avoid practices that deliberately destroy human embryos or treat them as objects of research or quality selection. This principle supports the use of modified IVF protocols, such as natural cycle IVF or single embryo transfer, which minimise or eliminate the creation of surplus embryos. It also implies a commitment to the dignified care and, where possible, the adoption of frozen embryos rather than their indefinite storage or destruction (George and Tollefsen 97). The principle of marital integrity suggests that IVF, if pursued, should involve only the gametes of the husband and wife, excluding third-party donation and surrogacy. This principle is rooted in the biblical vision of the one-flesh union and the covenantal character of marriage, and it is affirmed by a wide range of Christian denominations. It also has practical implications for family dynamics, identity, and disclosure, as children born from donor gametes face unique challenges in understanding their origins and forming their identities.

The principle of communal discernment affirms that decisions about IVF should not be made in isolation but in prayerful conversation with pastors, spiritual directors, and trusted members of the Christian community. The church is called to be a community of moral formation and pastoral support, walking alongside couples as they navigate difficult reproductive decisions, celebrating with those who succeed, and mourning with those who grieve (Romans 12:15). In Benue State, where the church plays a central role in community life, this principle has particular resonance. The principle of justice requires that Christians who are in a position to pursue IVF be mindful of the broader social and economic contexts within which reproductive technologies operate. The high cost of IVF in Nigeria means that it is accessible primarily to the affluent, raising questions about social equity that Christians committed to justice cannot ignore. Advocacy for greater investment in preventive reproductive health care, affordable fertility treatments, and supportive social policies for infertile couples is a legitimate expression of Christian social responsibility.

Emotional and Spiritual Challenges

The personal and spiritual implications of IVF for Christian families in Benue State are profound and often underappreciated in both medical and ecclesiastical contexts. The journey through IVF is not merely a medical process; it is a deeply personal, relational, and spiritual experience that can reshape couples' understanding of themselves, their marriages, their faith, and their relationship with God. Emotionally, the IVF process exposes couples to a range of intense experiences, including hope, anxiety, grief, anger, shame, and joy. The hormonal interventions required for ovarian stimulation can affect women's mood and psychological well-being in significant ways, while the uncertainty of outcome imposes ongoing stress on both partners. Research conducted in sub-Saharan African contexts has

documented elevated levels of anxiety and depression among women undergoing fertility treatment, often compounded by the cultural pressure to achieve pregnancy quickly (Dyer et al. 1305). In Benue State, where infertility is frequently attributed to spiritual causes such as ancestral curses or divine punishment, the psychological burden of failed IVF cycles can be intensified by theological self-doubt and communal stigma.

Spiritually, the IVF journey can be a crucible of faith, testing Christians' trust in God's goodness and sovereignty in circumstances of profound vulnerability and need. For many couples, the decision to pursue IVF is accompanied by intense prayer and a sense of seeking God's direction, reflecting a genuine integration of faith and medical action. However, when IVF fails, the spiritual implications can be devastating. Couples may struggle with anger at God, doubt about their own spiritual worthiness, and confusion about the meaning of their suffering. The church's failure to provide adequate pastoral support for these experiences represents a significant gap in Nigerian Christian ministry (Nwachukwu 89). The spiritual challenge is further complicated by the theological question of whether the pursuit of IVF itself reflects faith or a lack thereof. In Pentecostal contexts, where healing and miraculous provision are central theological commitments, the decision to pursue IVF can be accompanied by a sense of spiritual failure a concession that one's faith has not been strong enough to attract divine intervention. This theology of health and prosperity, which is widely prevalent in Nigerian Christianity, can impose an additional burden of shame on infertile couples and may deter them from seeking both medical care and honest pastoral engagement (Ojo 112). At the same time, many Christian couples in Benue State report that the IVF journey, however difficult, has deepened their faith and their appreciation of God's sovereign grace (Ashwe Emmanuel and Ashwe Esther, Oral interview). The experience of vulnerability, the practice of prayer, the support of Christian community, and when it is successful the gift of a child through an extraordinarily complex process, can all become occasions for spiritual growth and theological reflection. The testimony of couples who have navigated IVF within a confines of faith and ethical responsibility can be a powerful resource for the broader Christian community, offering models of how to engage with biomedical technology in a way that is both faithful and compassionate (Kilner 218).

Seeking Guidance

Given the complexity of the ethical, spiritual, and emotional challenges associated with IVF, it is essential that Christian families in Benue State have access to competent and compassionate guidance as they navigate their reproductive decisions. This guidance must come from multiple sources and must integrate medical, pastoral, and ethical expertise in a holistic and person-centred way. Pastoral guidance is of primary importance. Pastors and spiritual leaders in Benue State need to be equipped with accurate information about IVF — its medical processes, its ethical dimensions, and the diverse positions held by Christian traditions so that they can offer informed and balanced counsel to their congregants. Too often, pastoral responses to IVF are shaped by incomplete information, ideological commitment to a single denominational position, or a generalised suspicion of medical technology. There is an urgent need for continuing theological education programmes that address bioethical issues, including reproductive technologies, in ways that are relevant to the Nigerian context (Adekunle and Oluwafemi 67). Medical guidance from fertility specialists who are sensitive to the religious and cultural values of their patients is equally important. Christian couples in Benue State who consult fertility clinics deserve to have their ethical concerns taken seriously and to be offered options that are compatible with their beliefs, such as single embryo transfer or natural cycle IVF. Fertility specialists should be

prepared to discuss the fate of surplus embryos, the risks of multiple pregnancies, and the implications of third-party involvement in reproduction, in terms that are accessible and respectful of patients' faith commitments. The development of a Christian bioethics framework for reproductive medicine in the Nigerian context is an important scholarly and practical task (Ikechebelu and Onah 9).

Peer support from other Christian couples who have experienced infertility and IVF is a third important source of guidance. Support groups, whether organised through churches, parachurch organisations, or medical institutions, can provide a space in which couples share their experiences, offer mutual encouragement, and develop collective wisdom about navigating fertility challenges within a Christian framework. The establishment of such groups in Benue State, drawing on both local experience and global resources, would represent a significant pastoral and social contribution. Moreover, the guidance of African Christian ethicists and theologians who are deeply versed in both the theological tradition and the cultural realities of Benue State is essential for developing contextually appropriate ethical frameworks for IVF. Global bioethical discourse, while valuable, often reflects Western cultural assumptions that do not translate straightforwardly into African contexts. Nigerian and African scholars such as Oduyoye, Mbiti, Ilo, and Ezenweke have been pioneers in developing African theological ethics, and their work provides important resources for addressing the specific challenges posed by IVF in Benue State (Oduyoye 88; Mbiti 141; Ilo 47; Ezenweke 109). Investing in further scholarship in this area, and ensuring that its fruits are accessible to pastors, medical professionals, and ordinary Christians, is a crucial priority for the church and the academy alike. It must be stated that the ethical implications of IVF for Christian families in Benue State are complex, multi-dimensional, and urgently in need of sustained theological, pastoral, and scholarly attention. The analysis presented in this chapter has highlighted the ways in which IVF intersects with foundational Christian convictions about the sanctity of life, the nature of marriage and family, the responsibilities of stewardship, and the call to justice. It has also drawn attention to the emotional and spiritual challenges that IVF poses for individual couples and to the diverse and often inadequate ways in which Nigerian churches have responded. The path forward requires a collaborative effort among theologians, ethicists, medical professionals, pastors, and affected families to develop guidance that is faithful to Christian conviction, sensitive to cultural context, and compassionate toward those who suffer the pain of infertility.

Recommendations

- i. Churches in Benue State must urgently integrate bioethics into pastoral training, equipping clergy to offer theologically grounded, compassionate guidance to Christian couples navigating the morally complex terrain of IVF treatment.
- ii. Christian couples considering IVF should engage in intentional, prayerful discernment within their faith communities, seeking counsel from both spiritually mature advisors and qualified Christian medical professionals before making decisions with irreversible ethical and spiritual consequences.
- iii. The Church in Benue State must actively destigmatise adoption, championing it as a gospel-centred, noble alternative to IVF that reflects God's redemptive love and offers infertile couples a morally unambiguous pathway to parenthood.
- iv. Nigerian theological institutions, seminaries, and Christian medical organisations must collaborate to produce contextually relevant bioethical literature addressing assisted reproduction, ensuring that Christian families in Benue State are not left to navigate life-defining IVF decisions without authoritative, locally grounded moral guidance.

Conclusion

The ethical implications of IVF for Christian families in Benue State are multi-dimensional and urgently in need of sustained theological, pastoral, and scholarly attention. The analysis presented in this chapter has highlighted the ways in which IVF intersects with foundational Christian convictions about the sanctity of life, the nature of marriage and family, the responsibilities of stewardship, and the call to justice. It has also drawn attention to the emotional and spiritual challenges that IVF poses for individual couples and to the diverse and often inadequate ways in which Nigerian churches have responded. The path forward requires a collaborative effort among theologians, ethicists, medical professionals, pastors, and affected families to develop guidance that is faithful to Christian conviction, sensitive to cultural context, and compassionate toward those who suffer the pain of infertility.

Works Cited

- Adekunle, Abiodun, and Oluwafemi Oluwafemi. *Assisted Reproductive Technology and the Nigerian Healthcare System: Policy, Practice and Prospects*. Lagos: University of Lagos Press, 2021.
- Akinwande, Samuel. *Faith, Medicine and Morality: The Anglican Church and Bioethics in Nigeria*. Abuja: Daystar Publishers, 2018.
- Atkinson, David, and David Field, eds. *New Dictionary of Christian Ethics and Pastoral Theology*. Downers Grove: InterVarsity Press, 2016.
- Congregation for the Doctrine of the Faith. *Dignitatis Personae: On Certain Bioethical Questions*. Vatican City: Libreria Editrice Vaticana, 2008.
- Dyer, Silke J., Nothemba Mokoena, and Christiaan Marinus Smit. "Psychosocial Responses to Infertility Treatment in a Resource-Poor Setting: A Qualitative Study." *Human Reproduction*, vol. 32, no. 6, 2017, pp. 1301-1308.
- Eze, Chukwuemeka. *Infertility, Faith and Family in Nigeria: A Pastoral Theological Perspective*. Enugu: SNAAP Press, 2019.
- Ezenweke, Emmanuel. *Religion, Culture and Reproductive Health in African Christianity*. Awka: Fab Anieh Publishers, 2017.
- Frame, John M. *The Doctrine of the Christian Life*. Phillipsburg: P&R Publishing, 2008.
- George, Robert P., and Christopher Tollefsen. *Embryo: A Defense of Human Life*. 2nd ed. Princeton: Witherspoon Institute, 2011.
- Giwa-Osagie, Osato F. "Reproductive Health Services in Nigeria: Access, Cost and Equity." *African Journal of Reproductive Health*, vol. 24, no. 3, 2020, pp. 14-26.
- Grenz, Stanley J. *Sexual Ethics: An Evangelical Perspective*. Louisville: Westminster John Knox Press, 1997.
- Ikechebelu, Joseph I., and Hyacinth E. Onah. "Infertility in Nigeria: Burden, Causes and Management." *African Journal of Medical and Health Sciences*, vol. 18, no. 1, 2019, pp. 1-12.
- Ilo, Stan Chu. *The Church and Development in Africa: Aid and Development from the Perspective of Catholic Social Ethics*. 2nd ed. Eugene: Pickwick Publications, 2020.
- Imhangbe, Osaze. *Grief, Faith and the African Church: Pastoral Responses to Reproductive Loss*. Benin City: Ethiopie Publishing Corporation, 2021.
- Kilner, John F. *Dignity and Destiny: Humanity in the Image of God*. Grand Rapids: Eerdmans, 2015.
- Mbiti, John S. *African Religions and Philosophy*. 2nd ed. Oxford: Heinemann Educational Publishers, 1990.

- Meilaender, Gilbert. *Bioethics: A Primer for Christians*. 3rd ed. Grand Rapids: Eerdmans, 2013.
- Nwachukwu, Dulue. *Pastoral Care in the Nigerian Church: Confronting Contemporary Challenges*. Lagos: CSS Bookshops, 2022.
- Oduyoye, Mercy Amba. *Introducing African Women's Theology*. Sheffield: Sheffield Academic Press, 2001.
- Okafor, Chinedu. *Biblical Perspectives on Infertility and Barrenness in Nigeria*. Onitsha: Africana First Publishers, 2018.
- Ojo, Matthews A. *Pentecostalism, Health and Healing in Nigeria*. Ibadan: BookBuilders Editions Africa, 2021.
- Omale, John Ikya. "Infertility and Its Social Consequences Among Women in Benue State, Nigeria." *Nigerian Journal of Sociology and Anthropology*, vol. 18, no. 2, 2020, pp. 45-63.
- Sandel, Michael J. *The Case Against Perfection: Ethics in the Age of Genetic Engineering*. Cambridge: Harvard University Press, 2007.
- Step toe, Patrick, and Robert Edwards. "Birth After the Reimplantation of a Human Embryo." *The Lancet*, vol. 312, no. 8085, 1978, p. 366.
- Thatcher, Adrian. *God, Sex and Gender: An Introduction*. Oxford: Wiley-Blackwell, 2011.
- Wright, Christopher J. H. *Old Testament Ethics for the People of God*. Downers Grove: InterVarsity Press, 2010.

List of Informant/Respondents

S/N	NAME	AGE	SEX	OCCUPATION	PLACE OF INTERVIEW	DATE OF INTERVIEW
1.	Obogo Michael	19	M	Student	St. Mark, Apir	26/3/2026
2.	Odey Joseph Bisong	27	M	Soldier	St. Augustine Cath Church, Nasme Barracks	26/3/2026
3.	Christiana Shang	41	F	Civil Servant	St. Francis Veterinary Layout, North Bank	26/3/2026
4.	Philomena Mba	31	F	Civil Servant	St. Mary Catholic Church, North Bank	26/3/2026
5.	Clementin a Phillip	28	F	Civil Servant	St. Augustine Catholic Church, Nasme Barracks	26/3/2026
6.	Rose Ama	45	F	Civil Servant	ST. Mary Catholic Church, North Bank	26/3/2026
7.	Ogbaji Catherine	56	F	Teacher	St. Michael Catholic Church, Yagba, North Bank	29/1/2026
8.	Esther Onoja	50	F	Lawyer	Catholic Youth Centre Parish, Makurdi	25/3/2026
9.	Omlenyi Douglas	36	M	Civil Servant	St. Michael Catholic Church, Yagba, North Bank	26/3/2026
10.	Yaakugh Nancy	52	F	Civil Servant	St. Michael Catholic Church, Yagba, North Bank	26/3/2026

11.	Zoho Msughter	36	M	Businessman	St. Michael Catholic Church, Yagba, North Bank	26/3/2026
12.	Ashwe Emmanuel	58	M	Farmer	St. Michael Catholic Church, Atoga	26/3/2026
13.	Ashwe Esther	50	F	Farmer	St. Peter & Paul, Tyogbada	26/3/2026
14.	Ashine David	20	M	Student	St. Mary Catholic Church, Achusa	26/3/2026
15.	Ashwe Josephine	26	F	Student	St. Mary Catholic Church, Achusa	26/3/2026
16.	Ekwote Esher	30	F	Businesswoman	St. Joseph, Nyiman	20/3/2026
17.	Anthony Agbo Ekwote	35	M	Businessman	St. Joseph, Nyiman	20/3/2026
18.	Ashwe Joy	18	F	Student	St. Thomas Catholic Church, Anum	20/3/2026
19.	Adibe Joy	25	F	Businesswoman	St. Joseph, Nyiman	20/3/2026
20.	Egemba Gabriel	37	M	Teacher	St. Mary Catholic Church, North Bank	27/3/2026
21.	Ortese Joseph	53	M	Teacher	Sacred Heart Catholic Church, Ise-Ikpam, Federal Housing Estate, North Bank	27/3/2026