

Innovations

Surrogacy Practices in Nigeria: How Relevant are Religious Beliefs?

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Abstract: *Surrogacy, a vital component of assisted reproductive technology (ART), continues to evoke moral, legal, and theological debate, particularly in religiously plural societies like Nigeria. Despite its growing relevance as a solution to infertility—which affects an estimated 20–30% of Nigerian couples—surrogacy remains controversial, largely due to the dominant influence of Christian and Islamic doctrines that govern public morality and private decision-making. This paper offers a conceptual exploration of the intersection between surrogacy practices and religious beliefs in Nigeria. It examines how theological concerns—such as the sanctity of marriage, lineage purity, and divine authority over reproduction—shape social attitudes, legal hesitation, and gendered notions of reproductive autonomy. Drawing on contextual theology, policy pluralism, and ethical reasoning, the paper advocates for a balanced framework that respects religious convictions while promoting reproductive justice. It proposes engaging religious leaders in interfaith dialogue, reinterpreting sacred texts through compassion-centered theology, and developing inclusive legal frameworks that protect both faith values and individual rights. The paper concludes by recommending future empirical research on religious perceptions of surrogacy and case studies on integrating faith-based ethics into national reproductive health policies.*

Keywords: *Surrogacy, Religion, Christianity, Islam, Nigeria, Reproductive Ethics, Assisted Reproduction, Family Law*

1 Introduction

Surrogacy is one of the most complex and ethically debated forms of assisted reproductive technology (ART). As a medical intervention, it has opened new frontiers for resolving infertility, particularly for women who cannot carry pregnancies due to medical, anatomical, or unexplained factors. Gestational surrogacy, which involves implanting an embryo created from the gametes of the intending parents into a surrogate mother, has become increasingly common

globally and is praised for preserving genetic lineage while offering a path to parenthood (Brinsden, 2003; Aznar & Peris, 2019). Yet, despite its success elsewhere, surrogacy remains deeply controversial in Nigeria—largely due to socio-cultural norms and the powerful influence of religion on public morality and private decision-making (Alabi, 2021; Umeora et al., 2014).

Nigeria is a society where the ability to bear children is not only a biological expectation but a societal obligation. Parenthood is viewed as both a divine command and a communal achievement, especially within traditional and religious communities. Couples struggling with infertility—estimated to be between 20–30% of the population according to the World Health Organization (2023)—often face intense societal pressure, emotional distress, and spiritual scrutiny. In particular, women bear the brunt of infertility-related stigma and are often labelled as barren, regardless of the medical cause (Jordan & Revenson, 1999; Ulrich & Weatherall, 2000). In such a context, surrogacy offers not only a medical solution but also a psychological and social reprieve for couples whose identities and relationships are threatened by childlessness.

However, surrogacy's promise in Nigeria is overshadowed by strong religious resistance. Nigeria's two dominant religions, Christianity and Islam, maintain traditional theological views on family, reproduction, and motherhood. These religions deeply influence perceptions of what constitutes a “natural” family, often rejecting third-party involvement in procreation as a distortion of divine design or marital sanctity (Al-Mubarak, 2014; Niazi, 2021). As a result, surrogacy is often viewed through a moral lens rather than a therapeutic one, with some religious leaders condemning it outright or equating it with adultery, commodification of the womb, or spiritual contamination (Scott, 2009; Farhana, 2023). These interpretations have significant implications—not only for individual decision-making but also for public discourse, healthcare policy, and legislative development (Ekechi-Agwu & Nwafor, 2020).

The situation is further complicated by the absence of a national legal framework regulating ARTs and surrogacy in Nigeria. Without statutory guidance, fertility clinics operate in a largely unregulated environment, and surrogacy contracts—if they exist—lack legal enforceability (Izzi & Prere, 2023; Onovae & Adewumi, 2022). This legal vacuum creates uncertainty and opens the door to exploitation, especially of economically vulnerable women acting as surrogates. Moreover, it fuels public suspicion and moral panic, often fanned by religious narratives and media sensationalism around unethical practices such as “baby factories” (Makinde et al., 2015). In such an environment, surrogacy continues to exist in legal limbo and moral tension.

Given these complexities, this paper seeks to critically explore the relevance of religious beliefs in shaping attitudes and practices around surrogacy in Nigeria. It

aims to unpack the theological foundations of resistance within both Christianity and Islam, evaluate the social and ethical objections raised, and consider how religious norms intersect with medical innovation, gender autonomy, and family law. Ultimately, the paper calls for a more balanced, dialogical approach—one that respects religious values while promoting reproductive rights and ethical surrogacy practices in a pluralistic society.

2. Conceptual Clarification

2.1 Surrogacy Defined

Surrogacy is a reproductive arrangement whereby a woman, known as the surrogate, agrees to carry and give birth to a child on behalf of another individual or couple, typically referred to as the intended or commissioning parents. This practice has become increasingly recognized as a vital intervention for couples experiencing infertility, particularly when the intending mother is unable to conceive or carry a pregnancy to term due to medical, anatomical, or unexplained conditions. As part of the broader spectrum of assisted reproductive technologies (ARTs), surrogacy has enabled a path to parenthood that preserves biological ties and offers emotional relief for individuals and couples whose aspirations of family-building have been disrupted (Brinsden, 2003; Aznar & Peris, 2019).

Surrogacy is typically divided into two major types based on the biological relationship between the surrogate and the child. The first, known as traditional surrogacy, involves the surrogate using her own egg to conceive the child. Fertilization may occur through artificial insemination using the sperm of the intended father or a donor. In this form, the surrogate is both the genetic and gestational mother, which can create emotional and legal complexities, particularly in jurisdictions like Nigeria where there are no formalized laws recognizing the intended parents' rights at birth (Caster, 2010; Akpambang & Amujo-Akomolafe, 2020).

The second type is gestational surrogacy, which is more common in modern reproductive practice. In this arrangement, the surrogate has no genetic connection to the child. An embryo—created through in vitro fertilization using the gametes of the intending parents or donors—is implanted into her uterus. Gestational surrogacy is often preferred because it provides a clear distinction between the genetic and gestational roles, thereby minimizing legal disputes regarding parental rights (Aznar & Peris, 2019; Ekechi-Agwu & Nwafor, 2020). This form of surrogacy also aligns more closely with medical and legal norms in countries where surrogacy is regulated.

Beyond genetic contribution, surrogacy arrangements are also categorized based on the nature of compensation. In altruistic surrogacy, the surrogate does not receive financial compensation beyond medical expenses and necessary pregnancy-related

care. This model is often justified on moral or religious grounds, as it is seen as an act of charity or familial love. However, critics have noted that altruistic surrogacy may mask underlying coercion, particularly when the surrogate is a relative or close friend of the commissioning couple (Narh, 2021).

In contrast, commercial surrogacy involves a contractual agreement in which the surrogate receives monetary compensation for her services. While this model is practiced openly in some jurisdictions like the United States and was once widespread in India, it raises considerable ethical concerns related to commodification, exploitation, and reproductive justice. In Nigeria, the practice of commercial surrogacy exists but is unregulated, leaving room for potential abuse and inequities, especially where socio-economic imbalances are stark (Izzi & Prere, 2023; Makinde et al., 2015). The lack of formal legislation allows fertility clinics and intermediaries to operate in a grey area, raising questions about transparency, informed consent, and the protection of both surrogates and intending parents.

In sum, the definition and classification of surrogacy are not merely medical distinctions but carry significant ethical, legal, and socio-cultural implications. For Nigeria, where surrogacy is expanding in practice yet remains shrouded in silence and moral uncertainty, clear conceptual distinctions are necessary to inform public discourse, religious dialogue, and eventual legal reform. Understanding the various forms of surrogacy—both in theory and in practice—lays the foundation for a nuanced discussion on the role of religious beliefs in shaping its acceptance or rejection in Nigerian society.

2.2 Religious Belief Defined

Religious belief, within the scope of this study, refers to the set of doctrines, moral teachings, spiritual convictions, and institutional interpretations that guide adherents' understanding of ethical and existential matters—including issues related to human reproduction, medical interventions, and family formation. In Nigeria, where religion permeates both public and private life, such beliefs are more than personal convictions—they are collective frameworks that influence social norms, legal systems, and health-seeking behaviors (Alabi, 2021; Akpambang & Amujo-Akomolafe, 2020). Religious belief thus serves as a moral compass for millions of Nigerians and deeply informs how new technologies, such as surrogacy, are received, questioned, or outrightly rejected.

In particular, the two dominant faith traditions—Christianity and Islam—exert profound authority over reproductive ethics. Each tradition possesses a well-developed theological infrastructure comprising sacred texts, historical doctrines, clerical interpretations, and denominational teachings. These beliefs extend to the nature of life, the sanctity of marriage, the origins of the soul, and the moral boundaries of scientific intervention. Consequently, reproductive technologies like

surrogacy are not approached from a purely medical or pragmatic standpoint but are often assessed through the lens of divine will, scriptural legitimacy, and moral purity (Niazi, 2021; Al-Mubarak, 2014).

Religious beliefs are also institutional in nature. Churches, mosques, and other faith-based organizations do not merely preach theological positions; they shape public opinion, influence legislation, and provide moral guidance for families navigating infertility. In some cases, religious leaders serve as informal gatekeepers who either endorse or discourage ARTs based on their interpretations of holy texts and doctrines (Farhana, 2023). This role becomes even more influential in communities with limited access to formal education or scientific literacy, where clergy and imams are seen as ultimate moral authorities.

Moreover, religious beliefs in Nigeria are intertwined with cultural identity, further amplifying their influence. Certain practices are justified or resisted not only because they are deemed un-Islamic or un-Christian, but because they are considered foreign to indigenous values of kinship, inheritance, and marital roles. This cultural-religious fusion means that beliefs about surrogacy are not only personal or spiritual choices but deeply embedded social ideologies that affect communal acceptance and institutional policy (Umeora et al., 2014).

Therefore, in this study, religious belief is conceptualized not merely as private faith but as a powerful socio-ethical structure—one that frames the moral boundaries of medical innovation and governs how Nigerians respond to the challenges and possibilities of assisted reproduction, especially surrogacy. Understanding this dimension is crucial for any comprehensive analysis of the surrogacy debate in Nigeria.

3 Theological Perspectives on Surrogacy

3.1 Christianity and Surrogacy

Christianity, as one of the two dominant religions in Nigeria, plays a powerful role in shaping societal attitudes toward family, reproduction, and morality. The Christian view of surrogacy is far from monolithic, as interpretations vary widely across denominations, theological traditions, and cultural contexts. However, many conservative Christian frameworks—particularly those aligned with Roman Catholicism, Evangelical Protestantism, and Pentecostalism—hold strong reservations about surrogacy as a reproductive solution.

One of the central theological objections is that surrogacy disrupts the divine design of marriage, which is traditionally understood to unite the procreative and unitive aspects of marital life. In Christian doctrine, especially as articulated in Roman Catholic teachings, the sexual union of husband and wife is both a physical and spiritual expression of unity and an avenue for procreation. Surrogacy, by separating the act of conception from this sacred union, is seen to distort God's intention for how

life should be created within marriage (Scott, 2009). Even when the gametes used belong to the married couple, transferring the embryo to another woman's womb is viewed by some as breaking the exclusive covenant of marriage.

Another common objection is that surrogacy introduces a third party into the marital relationship, thereby undermining its sanctity and integrity. From this perspective, involving a surrogate mother is ethically akin to adultery, not in the physical sense, but in the symbolic breach of marital exclusivity. This view is particularly strong among evangelical and Pentecostal circles in Nigeria, where marital fidelity is emphasized not just in sexual conduct but in every aspect of shared life, including reproduction. The presence of a surrogate may be perceived as a challenge to the woman's identity as wife and mother, and may stir anxieties about spiritual interference or divine disapproval (Alabi, 2021).

Additionally, many Christian critiques argue that surrogacy commodifies the miracle of childbirth, transforming a sacred process into a contractual transaction. The idea that a woman's womb can be "rented" or that a child can be the outcome of financial negotiation clashes with the belief that life is a divine gift, not a marketable product. This is especially the case with commercial surrogacy, which is perceived by some theologians as exploitative and inconsistent with Christian principles of dignity, altruism, and love (Scott, 2009; Farhana, 2023). In this line of thinking, surrogacy may not only objectify the surrogate but also reduce the child to a product of human will, rather than divine providence.

However, not all Christian interpretations are outrightly opposed to surrogacy. Some moderate and progressive theologians propose a more nuanced, contextual approach. They argue that in cases of medical infertility, surrogacy—especially when it is gestational and altruistic—can be viewed as an act of compassion and service. When the procedure involves only the gametes of the married couple and is motivated by love and necessity rather than commercial interests, it may be consistent with Christian ethics of healing, support, and mutual aid (Aznar & Peris, 2019). Within some Anglican and Methodist traditions, for instance, the moral permissibility of ARTs, including surrogacy, is judged on a case-by-case basis, taking into account intent, relational harmony, and the welfare of all parties involved.

Furthermore, there is an emerging body of Christian bioethics that calls for a shift from rigid dogmatism to pastoral sensitivity. Such scholars argue that the Church must respond to the realities of suffering and infertility with empathy rather than condemnation. The narrative of surrogacy, they suggest, should be framed not only as a theological debate but as a pastoral opportunity to uphold human dignity, support family formation, and promote responsible ethical practices in reproductive health (Narh, 2021; Ekechi-Agwu & Nwafor, 2020). In summary, while traditional Christian doctrine often regards surrogacy as morally problematic due to concerns about marital sanctity, commodification, and third-party involvement, there is growing

recognition among modern theologians of the need for a compassionate and context-sensitive engagement with reproductive technologies. For a pluralistic society like Nigeria, this theological flexibility could play a key role in bridging the gap between faith-based morality and the reproductive aspirations of couples facing infertility.

3.2 Islam and Surrogacy

In Islamic jurisprudence (*fiqh*), surrogacy is largely viewed as impermissible, especially when it involves the contribution of third-party donors. Islamic ethics surrounding reproduction are deeply rooted in the preservation of *nasab*, or lineage, which is a fundamental concept in Islamic family law. *Nasab* ensures the clarity of parental identity, inheritance rights, and familial bonds, all of which are believed to be divinely ordained and socially significant. The introduction of a third party—be it an egg donor, sperm donor, or gestational surrogate—creates ambiguity in lineage, which is strongly discouraged in Islam (Al-Mubarak, 2014). As a result, surrogacy is typically considered a violation of this sacred principle.

Another theological concern lies in the symbolic association of surrogacy with *zina*—illicit sexual relations. While ARTs like surrogacy do not involve physical sexual acts, Islamic scholars argue that the reproductive mixing of gametes between non-married individuals or the implantation of embryos into a third-party uterus constitutes a breach of moral boundaries akin to extramarital affairs (Niazi, 2021). The moral argument is not merely about the absence of sexual contact but about the disruption of marital exclusivity, which Islam holds as essential to both spiritual purity and societal stability. Even in cases where the surrogate is simply a gestational carrier with no genetic link to the child, the use of another woman's womb is seen by many Islamic scholars as a compromise of the sanctity of the marital bond.

In addition to concerns about *nasab* and *zina*, surrogacy also introduces complex legal questions regarding inheritance, custody, and parental rights in Islamic law. For example, who is the legal mother of the child—the woman who gave birth or the woman who provided the egg? Classical Islamic jurisprudence tends to favor the gestational mother, aligning with the Qur'anic verse that states “their mothers are only those who gave birth to them” (Qur'an 58:2). This has led to significant scholarly hesitation in endorsing surrogacy, as it complicates the clear legal identity of the child and can disrupt family lineage, which is essential in determining rightful heirs, guardianship, and social belonging.

Despite these dominant views, there is a minority perspective among contemporary Muslim scholars advocating for a more nuanced interpretation of surrogacy—particularly in medical contexts where infertility presents psychological and marital distress. These scholars argue that gestational surrogacy using only the gametes of the married couple—without third-party donors—may be permissible under strict

conditions. The argument rests on the principle of *darurah* (necessity) in Islamic jurisprudence, which allows for exceptions to general rules in cases of harm, hardship, or life disruption. Under this interpretation, as long as the surrogate is not genetically related to the child and the arrangement occurs within the bounds of marriage, it may be viewed as a medical intervention rather than a moral transgression (Al-Mubarak, 2014).

Nevertheless, this progressive view remains marginal and is met with resistance from more orthodox interpretations, especially in Nigeria, where Islam is practiced alongside strong cultural norms about gender roles, family structure, and moral propriety. In Northern Nigeria, where Islamic law holds greater influence in personal status matters, surrogacy is rarely discussed in public discourse and is often associated with moral panic or spiritual deviation. The absence of authoritative fatwas (religious rulings) within the Nigerian Islamic context further deepens the ambiguity, leaving many Muslim couples unaware of the theological debates or fearful of pursuing ARTs due to religious uncertainty. In summary, while Islamic jurisprudence overwhelmingly discourages surrogacy due to concerns about lineage, marital integrity, and legal clarity, there are emerging voices within the faith tradition advocating for limited acceptance under carefully controlled circumstances. For surrogacy to gain broader consideration in Muslim communities in Nigeria, there must be greater scholarly engagement, theological education, and open intra-faith dialogue that balances doctrinal fidelity with the emotional and medical realities of infertility.

4. Impacts of Religious Beliefs on Surrogacy in Nigeria

4.1 Social Resistance and Stigmatization

In Nigeria, religious beliefs play a significant role in shaping public morality, and this influence extends deeply into perceptions of infertility and the methods used to address it. Both Christianity and Islam, which dominate the Nigerian religious landscape, uphold doctrinal and cultural values that emphasize natural conception within the bounds of a heterosexual, monogamous marriage. As such, surrogacy—particularly when viewed through the lens of artificiality and third-party involvement—is often met with suspicion, discomfort, and outright condemnation by many religious adherents (Alabi, 2021; Niazi, 2021). The prevailing sentiment in many religious communities is that assisted reproductive technologies (ARTs), especially surrogacy, disrupt divine order and represent an unwarranted intervention in the sacred process of creation.

This religious posture reinforces deep-seated cultural taboos surrounding infertility. In a society where childbearing is closely tied to a woman's identity, social worth, and marital stability, infertility is frequently interpreted not as a medical issue, but as a spiritual or moral failing. Women who pursue ARTs may be perceived as “playing

God,” challenging divine will, or exhibiting a lack of faith in spiritual remedies. Religious leaders may inadvertently perpetuate this view by prioritizing prayer, fasting, and spiritual deliverance over medical intervention, thereby framing infertility as a test of faith or divine punishment (Umeora et al., 2014; Farhana, 2023).

This spiritual framing contributes significantly to the stigmatization of women who choose surrogacy. Those who seek ARTs—especially in conservative religious settings—may find themselves alienated from their faith communities or judged as unfaithful or impatient. Even when surrogacy is done altruistically, the act of transferring gestation to another woman is often misunderstood as unnatural or immoral. In many cases, couples conceal their use of surrogacy due to fear of being labeled unspiritual or culturally deviant, thus perpetuating silence and misinformation around the practice (Alabi, 2021).

Moreover, the stigma extends to surrogate mothers, who are frequently perceived through lenses of moral suspicion or desperation. In religious communities that emphasize female modesty, purity, and divine submission, the idea of a woman carrying a child for someone else—particularly for financial compensation—is viewed by some as equivalent to commercializing the womb or engaging in exploitative labor. Surrogates may be vilified as women who have strayed from traditional virtues or who are driven by greed, especially when the arrangement is commercial (Makinde et al., 2015; Izzi & Prere, 2023).

This compounded stigma—fueled by both religious orthodoxy and cultural expectations—creates a hostile environment for open discussion or support of surrogacy. It pushes the practice underground, reinforces secrecy, and often prevents the development of ethical and legal frameworks that could protect all parties involved. More importantly, it exacerbates the emotional trauma of infertility by denying individuals the right to pursue medically sound, morally guided reproductive choices without fear of condemnation. In essence, the social resistance and stigmatization surrounding surrogacy in Nigeria are not merely cultural phenomena but are profoundly shaped by religious belief systems. Until these belief systems are constructively engaged—through interfaith dialogue, theological re-examination, and public education—surrogacy will continue to be practiced in the shadows, deprived of the ethical clarity and institutional support it urgently requires.

4.2 Legal Hesitation

One of the most pressing challenges surrounding surrogacy in Nigeria is the absence of a codified legal framework to guide and regulate its practice. While assisted reproductive technologies (ARTs) have made significant medical advances, the Nigerian legal system has remained largely silent on their ethical and contractual implications. This legal inertia is not coincidental; rather, it is deeply intertwined with

religious sensibilities and the broader moral discourse that dominates legislative behavior in the country.

Lawmakers in Nigeria often operate within a socio-political environment where religious institutions hold substantial moral and cultural authority. Consequently, legislation that touches on morally sensitive issues—such as reproductive rights, abortion, or surrogacy—tends to be approached with extreme caution. Many legislators deliberately avoid debating or passing reproductive health bills that could provoke backlash from dominant religious groups, including church organizations and Islamic clerical bodies (Akpambang & Amujo-Akomolafe, 2020; Ekechi-Agwu & Nwafor, 2020). This self-censorship, born from a fear of religious opposition, has led to a legislative vacuum that leaves both intending parents and surrogate mothers vulnerable to exploitation, fraud, and emotional trauma.

This hesitation has very real consequences. Without statutory guidance, surrogacy arrangements in Nigeria are often reduced to informal contracts or verbal agreements between parties, typically brokered by fertility clinics or middlemen. These agreements are not enforceable in court and lack any standardized legal provisions on parental rights, custody, breach of contract, or child welfare (Izzi & Prere, 2023). In the event of a dispute—such as a surrogate mother refusing to relinquish the child or intended parents abandoning the baby—there is no legal precedent or statute to provide clarity or protection. This legal void creates confusion, increases risk, and fosters mistrust among all stakeholders involved in surrogacy arrangements.

Moreover, religiously motivated legal hesitation hampers regulatory oversight of fertility clinics and ART practitioners. Since surrogacy remains unregulated, there are no national standards on who qualifies as a surrogate, what screening procedures must be followed, or how to ensure informed consent. This has led to troubling ethical violations, including the commercialization of women's bodies under exploitative terms and the operation of unlicensed or poorly monitored reproductive facilities (Makinde et al., 2015). The situation is further compounded by the association of surrogacy with illicit practices such as "baby factories," which exploit young women under the guise of ART (Onovae & Adewumi, 2022).

It is important to note that efforts to legislate ARTs have been initiated in the past. For example, a proposed Assisted Reproductive Technology (Regulation) Bill was introduced in Nigeria's National Assembly in 2012. However, the bill failed to gain traction and was never passed into law—largely due to opposition from conservative legislators who viewed it as incompatible with religious and cultural values (Ekechi-Agwu & Nwafor, 2020). This illustrates how deeply religious conservatism can shape the legislative landscape, often to the detriment of medically necessary and ethically manageable innovations. In conclusion, the absence of a legal framework for surrogacy in Nigeria reflects more than bureaucratic inertia—it is a symptom of a

deeper religious-legal entanglement that prioritizes theological caution over reproductive rights. Until lawmakers can engage in informed, inclusive debates that balance religious sensitivities with constitutional mandates and healthcare realities, surrogacy will remain legally ambiguous, ethically precarious, and socially contentious.

4.3 Gender and Autonomy

In Nigeria's patriarchal and religiously conservative society, reproductive decision-making is not only shaped by theological doctrines and cultural norms but also by deep-rooted gender dynamics that often limit women's autonomy over their own bodies. Surrogacy, as a practice that directly involves women's reproductive roles, occupies a particularly contentious space where issues of gender, religion, and agency intersect.

Religious interpretations—both Islamic and Christian—tend to position women as custodians of family honor and spiritual purity, often placing them within restrictive frameworks that prioritize obedience, modesty, and submission over personal choice. In this context, a woman's decision to pursue surrogacy—either as an intending parent or as a surrogate—can be perceived as overstepping her traditional roles. Many religious narratives cast suspicion on women who seek reproductive technologies, viewing them as defying divine will or challenging the 'natural' order of procreation. As a result, women are often discouraged from exploring ARTs unless sanctioned by their husbands, religious leaders, or extended family (Umeora et al., 2014; Alabi, 2021).

This religiously-inflected gender hierarchy significantly curtails women's reproductive autonomy, especially in situations where surrogacy is pursued independently or outside of institutional religious approval. For instance, a woman may be biologically unable to carry a pregnancy but still denied access to surrogacy due to her husband's reluctance or religious concerns. Likewise, women who agree to become surrogates may do so under social or economic pressure, with limited capacity to negotiate terms, assert boundaries, or seek legal recourse if agreements break down (Makinde et al., 2015; Onovae & Adewumi, 2022). In these cases, religious norms are not only moral prescriptions—they are also mechanisms of control that regulate women's bodily choices.

Furthermore, the stigmatization of surrogacy within religious communities often amplifies gendered double standards. While men may be quietly absolved of blame in infertility scenarios, women typically bear the emotional and social burden of childlessness, and consequently, the moral scrutiny associated with non-traditional reproductive methods. The decision to engage a surrogate—or to become one—is then judged not solely on ethical or theological grounds but on gendered expectations of what it means to be a 'good wife' or a 'virtuous woman' (Farhana,

2023). This disparity reinforces patriarchal control and undermines efforts to center women's agency in reproductive health discourse.

Ironically, surrogacy itself can be an empowering process for women—offering both a medical solution for infertile couples and a form of economic opportunity for surrogates. However, in the Nigerian context, this empowerment is rarely acknowledged due to prevailing religious attitudes that reduce women's reproductive functions to sacred duties rather than conscious, autonomous choices. The lack of legal protections and ethical oversight further exposes women to exploitation under the guise of moral protection, as there are no formal safeguards ensuring informed consent, fair compensation, or psychological support for surrogates (Izzi & Prere, 2023).

5. Toward a Balanced Framework

5.1 Engaging Religious Leaders

In the effort to create an inclusive and ethically sound framework for surrogacy in Nigeria, engaging religious leaders is not only strategic—it is essential. Given the significant moral and cultural authority that religious institutions wield in Nigerian society, no sustainable policy on assisted reproductive technologies (ARTs) can be developed or implemented without involving faith-based actors. These leaders shape public opinion, guide ethical behavior, and often serve as intermediaries between families and the healthcare system. As such, their support—or opposition—can make or break reproductive health reforms.

Religious leaders, however, are not monolithic in their perspectives. While many are skeptical of surrogacy, especially due to concerns about morality, commodification, and divine intent, others are open to nuanced interpretations when presented with adequate information. Policymakers and reproductive health advocates must create platforms for respectful, evidence-based dialogue with clerics, imams, pastors, and faith-based organizations. These conversations should focus not on confrontation, but on collaboration—seeking shared values such as compassion, justice, family preservation, and care for the vulnerable (Narh, 2021).

One effective strategy is to anchor such engagement in faith-based education, which involves providing religious leaders with medically accurate, ethically grounded, and theologically sensitive information about surrogacy. Many religious objections stem not from malice, but from misinformation or a lack of understanding about the science and intent behind ARTs. By organizing interfaith workshops, health seminars, and ethical roundtables, reproductive advocates can demystify the process of surrogacy and clarify how it can be practiced responsibly, without violating core spiritual principles (Ekechi-Agwu & Nwafor, 2020).

Furthermore, engaging religious leaders early in the policy development process allows for contextual integration of religious ethics into national guidelines, thereby

increasing legitimacy and reducing resistance. For example, incorporating spiritual counseling as part of the surrogacy process, or allowing religious endorsements of ethical practices, can create a middle ground that honors religious values while supporting reproductive rights. Faith leaders can also serve as community advocates who combat stigma, debunk myths, and foster acceptance of surrogacy for couples who view it as their last hope.

Importantly, this engagement must also include female religious leaders, who bring unique perspectives on motherhood, infertility, and female agency. Their voices can challenge male-dominated religious interpretations that often disregard women's lived experiences. By supporting religious literacy that is inclusive and empathetic, Nigeria can build a model of reproductive ethics that respects both theological convictions and the medical realities of its citizens.

5.2 Contextual Theology

In the evolving discourse on reproductive ethics in Nigeria, there is an urgent need for contextual theology—a theological approach that interprets religious texts and doctrines in light of contemporary realities, lived experiences, and pressing human needs. Traditional interpretations of Christian and Islamic teachings on surrogacy often draw on rigid, literalist readings of sacred texts, focusing on notions of purity, divine will, and the natural order of procreation. While these perspectives are deeply rooted in religious traditions, they may fail to address the emotional, psychological, and relational suffering experienced by infertile couples in a modern, medically advanced society.

Contextual theology calls for a re-examination of key religious principles—particularly those of compassion, healing, justice, and human dignity—in light of reproductive struggles. Central to both Christian and Islamic ethics is the imperative to alleviate suffering and uphold the sanctity of family life. When infertility threatens to dissolve marriages, destabilize families, and cause deep emotional distress, reproductive solutions like surrogacy may be understood not as violations of divine order, but as extensions of divine mercy—especially when practiced under ethical, regulated conditions (Al-Mubarak, 2014; Aznar & Peris, 2019).

In the Christian context, theological reflection can revisit the stories of barren women in the Bible—such as Sarah, Hannah, and Elizabeth—not merely as lessons in waiting, but as metaphors for the importance of family support and divine intervention in human struggles. While their experiences involved miraculous conception, the underlying principle was God's compassion and response to human pain. A contextual reinterpretation might see surrogacy as a modern-day means through which couples can experience the joy of parenthood, facilitated by medical knowledge that aligns with God's providence rather than opposes it (Scott, 2009).

Similarly, in Islam, contextual theology can engage the principles of *maslahah* (public interest) and *darurah* (necessity)—both of which allow for flexibility in legal and ethical rulings in cases of hardship. While traditional jurists may prohibit surrogacy due to concerns about lineage and marital sanctity, contextual scholars can argue that when surrogacy uses only the gametes of the married couple, and is undertaken to preserve the family unit, it can be considered morally permissible. This shift does not require abandoning Islamic ethics but rather applying them in ways that prioritize the welfare and dignity of the family in the face of new challenges (Niazi, 2021; Narh, 2021).

Moreover, contextual theology emphasizes that religious traditions are not static but dynamic, capable of responding to new questions posed by science, medicine, and society. It advocates for ongoing dialogue between theologians, medical practitioners, and ethicists to co-create frameworks that reflect both spiritual values and practical realities. Rather than dismissing surrogacy as inherently immoral, a more nuanced ethical theology would examine the conditions under which it is practiced—distinguishing between exploitative commercial arrangements and altruistic, medically guided practices that respect all parties involved. Ultimately, contextual theology does not aim to override doctrine but to bridge the gap between timeless truths and timely needs. In the Nigerian context, this approach can open the door to more inclusive, compassionate, and ethically responsible reproductive health policies—grounded not only in faith but in a deep understanding of human experience and moral evolution.

5.3 Policy Pluralism

In a religiously diverse and constitutionally secular state like Nigeria, policy pluralism is both a necessity and a challenge. As debates around surrogacy intensify, the state must walk a delicate line between respecting religious sensitivities and safeguarding individual rights, including the right to reproductive autonomy. While religious institutions undeniably influence the moral compass of their adherents, public policy in a pluralistic society cannot be shaped solely by theological imperatives. Instead, it must reflect the coexistence of multiple belief systems, prioritizing common good, equity, and legal clarity.

Policy pluralism entails that the legal system acknowledges and accommodates religious diversity without privileging or imposing any single religious doctrine. This is particularly critical in matters of reproductive health, where personal values, cultural backgrounds, and spiritual beliefs deeply influence decision-making. For instance, while some individuals may reject surrogacy on religious grounds, others—equally committed to their faith—may find in it a legitimate path to parenthood. The state must protect the right of religious communities to hold and express their beliefs, while also ensuring that these beliefs do not infringe upon the rights of

others to access medically approved and ethically regulated reproductive options (Ekechi-Agwu & Nwafor, 2020).

In practical terms, this means that reproductive legislation should be inclusive and non-coercive. Rather than banning surrogacy in deference to religious opposition or allowing it to operate unregulated in the shadows, Nigeria needs a legal framework that permits ethical surrogacy practices for those who choose them—while offering conscientious objectors the freedom to abstain. This approach neither suppresses religious conviction nor allows it to become the basis for state-imposed moral codes. It aligns with constitutional guarantees of freedom of thought, religion, and personal liberty, which must be upheld even in morally contested policy areas (Akpambang & Amujo-Akomolafe, 2020).

Moreover, policy pluralism can be operationalized by incorporating consultative processes that include religious leaders, healthcare professionals, bioethicists, women's rights advocates, and community stakeholders. Through multi-sectoral dialogue, laws can be crafted that are not only scientifically sound but also socially acceptable. For example, legislation might allow for surrogacy within strict ethical and medical guidelines, require informed consent and legal contracts, prohibit exploitation, and establish regulatory oversight—thus addressing religious and ethical concerns without banning access altogether (Izzi & Prere, 2023).

6. Conclusion and Future Directions

Religion undeniably plays a powerful and enduring role in shaping the discourse around surrogacy in Nigeria. In a nation where Christianity and Islam inform not just personal beliefs but also community norms and public policy, the moral lens through which reproductive technologies are viewed is deeply influenced by theological frameworks. These frameworks often raise legitimate concerns about lineage, marital sanctity, divine will, and the moral boundaries of scientific intervention. From the Christian fear of disrupting the unitive-procreative bond of marriage to the Islamic emphasis on nasab and prohibition of third-party interference, religious doctrines offer meaningful ethical guidance rooted in centuries of tradition.

However, while these doctrinal positions are valid within their moral universes, they cannot exist in isolation from the medical realities, psychological needs, and constitutional rights of individuals experiencing infertility. For many Nigerian couples, surrogacy represents not a rejection of faith, but a deeply personal and often spiritually guided pursuit of parenthood in the face of immense social and emotional hardship. The ongoing tension between religious belief and reproductive innovation therefore calls for a more critical and compassionate balancing act—one that honors the wisdom of religious teachings while embracing the ethical imperatives of justice, autonomy, and wellbeing.

To advance this balance, future scholarship and policy must move beyond theoretical debate and engage with lived realities. First, there is a clear need for empirical research exploring the religious attitudes of both leaders and laypersons toward surrogacy in Nigeria. Such studies would provide critical insights into the diversity of views within faith communities and challenge the assumption that religious opposition is absolute or monolithic. Second, efforts should be made to develop and document interfaith dialogue models that bring together Christian, Muslim, and traditional leaders to collaboratively explore bioethical issues. These dialogues can foster mutual understanding and serve as platforms for joint policy advocacy.

Lastly, future research should focus on policy case studies from countries that have successfully integrated religious considerations into surrogacy regulation without sacrificing human rights. By studying how secular legal systems can coexist with faith-based values, Nigeria can begin crafting a regulatory approach that is culturally rooted, ethically robust, and legally sound. In conclusion, surrogacy in Nigeria stands at the crossroads of science, spirituality, and social justice. For it to be ethically practiced and socially accepted, there must be a deliberate effort to harmonize religious beliefs with reproductive health realities. Through inclusive dialogue, context-sensitive theology, and pluralistic policy reform, Nigeria can move toward a future where faith and fertility are not adversaries, but co-architects of compassionate reproductive justice.

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