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Fertility as Divine Favour in Genesis 1:28: Implications for Assisted Reproductive Technologies

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Abstract

Genesis 1:28, the divine mandate to "be fruitful and multiply", stands as one of the most theologically loaded texts in the Hebrew Bible and one of the most consequential for contemporary bioethical debates. This paper examines the theological semantics of fertility as divine favour in the Priestly creation narrative and traces its implications for modern controversies surrounding assisted reproductive technologies (ARTs). In Nigerian Christian communities, Genesis 1:28 is often preached as a divine command for biological reproduction. That is why childless couples, especially women, become targets of shame in church. People blame them as if infertility were their fault. In vitro fertilization (IVF) and intrauterine insemination (IUI) now give couples new ways to have children. But they also raise theological and ethical questions about human agency, marital fidelity, and the sanctity of life. This work argues that while Genesis 1:28 affirms fertility as a divine gift, its fulfillment in Nigeria is undermined by economic inequality and the cultural misapplication of the text as a prescriptive mandate. Using Liberation Theology and Principlism as complementary frameworks, the study contends that ethical ART must uphold human dignity, protect marital unity and address the socioeconomic barriers that prevent marginalised couples from accessing reproductive care. The analysis combines biblical exegesis with critical engagement of Nigerian sociocultural realities. The study concludes that the Christian church in Nigeria has a liberationist responsibility to provide compassionate pastoral care and advocate for equitable access to reproductive healthcare. It must also broaden the theological understanding of fruitfulness beyond biology to include adoption and spiritual mentorship. Ethical ART aligns with the blessing of Genesis 1:28 when it is shaped by dignity and stays faithful to marriage. Thus, the Genesis mandate neither absolutizes biological reproduction nor sanctions unlimited technological intervention in procreation but calls for a form of reproductive stewardship that honours the divine gift of fertility while protecting the dignity of all persons involved in the reproductive process.

Keywords: *fertility, assisted reproductive technologies, reproductive ethics, theological anthropology*

1. Introduction

There are few experiences in human life as intimate, as socially significant, and as theologically charged as the desire for a child. Across cultures and across centuries, fertility has been understood not merely as a biological capacity but as a gift, something received rather than simply possessed, something whose presence calls for gratitude and whose absence calls for grief, prayer, and often desperate seeking. In the Hebrew Biblical tradition, this understanding of fertility as a divine gift reaches its most concentrated and most theologically consequential expression in Genesis 1:28: "God blessed them and said to them,

'Be fruitful and multiply; fill the earth and subdue it'". This command-blessing, uttered over the newly created human beings in the image of God, has functioned for millennia as the theological foundation for the positive valuation of fertility, the moral urgency of procreation, and the religious significance of the family as the primary context for human flourishing.

In the twenty-first century, that ancient text encounters a radically new context: the modern biomedical laboratory, where the processes of human reproduction can be assisted, augmented, supplemented, and in some cases entirely replaced by technological intervention. Assisted reproductive technologies (ARTs) like in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), gamete donation, gestational surrogacy, preimplantation genetic diagnosis (PGD), and an expanding range of related technologies have transformed infertility from a condition that could only be endured or lamented into one that can, for many patients, be medically addressed. According to the International Committee for Monitoring Assisted Reproductive Technologies (ICMART), more than 8 million children have been born worldwide through IVF since its first successful application in 1978 (Dyer et al., 2020). The technology is no longer experimental; it is a standard of care. However, the theological questions that ARTs raise, for individuals, families, religious communities, and policymakers, remain deeply contested. Does the Genesis mandate to "be fruitful and multiply" encompass the technological pursuit of fertility when natural conception is impossible? Or does it express a form of divine blessing that is properly received rather than one that is technologically engineered? When the embryo created in vitro is theologically understood as a bearer of the imago Dei, what ethical constraints follow for its creation, selection, cryopreservation, and potential destruction? And how should theologically informed bioethics engage with the genuine suffering of infertility, suffering that the Biblical tradition itself takes with full seriousness, in the narratives of Sarah, Rachel, Hannah, and Elizabeth, while maintaining the moral and theological commitments that protect the dignity of human life at its most vulnerable stages?

The Landscape of Assisted Reproductive Technologies

Assisted Reproductive Technologies (ART) refers to a group of medical procedures used to help individuals and couples achieve pregnancy when natural conception is difficult or impossible. These technologies involve the manipulation of human eggs, sperm, or embryos outside the body to overcome infertility and other reproductive challenges. ART has become one of the most significant developments in modern medicine, which offers hope to millions of people worldwide. Thus, examining Genesis 1:28, let's pay attention to: In Vitro Fertilization, Embryo Disposition, Gamete Donation and Surrogacy.

In vitro fertilization (IVF), the process by which eggs are retrieved from a woman's ovaries, fertilized with sperm in a laboratory setting, and the resulting embryos transferred to the uterus, is the foundational technology of modern reproductive medicine and the procedure around which the most theologically significant ethical questions cluster. From the perspective of the Genesis fertility mandate, IVF raises several distinct ethical issues. The first concerns the creation of surplus embryos. Standard IVF protocols typically involve the stimulation of multiple egg follicles, the fertilization of multiple eggs, and the cryopreservation of embryos not transferred in the initial cycle, resulting in the creation of large numbers of embryos whose ultimate disposition (continued cryopreservation, transfer, donation, or destruction) raises profound ethical questions for those who regard the embryo as a bearer of the imago Dei and a subject of full or near-full moral status (Donum Vitae, 1987). Estimates suggest that several million embryos are currently in

cryogenic storage in the United States alone (Hoffman et al., 2003), a situation that some theologians have described as an unprecedented moral burden, the creation of human lives whose existence is suspended indefinitely and whose destiny is uncertain.

The second issue concerns embryo selection through preimplantation genetic diagnosis (PGD), which allows genetic testing of embryos before transfer and the selection of embryos without specific genetic conditions. Cole-Turner (2011) argues that PGD raises the specter of a new eugenics, the use of reproductive technology not to address infertility but to select for or against specific genetic traits in future persons, and that this use of genetic selection is in deep tension with the theological conviction that each human life is a gift whose value is not determined by its genetic endowment. The fertility mandate of Genesis 1:28 blessed human beings as they are, in all their biological diversity; a reproductive technology that systematically selects against certain biological conditions, including conditions that are not life-threatening but are considered socially undesirable, constitutes a form of reproductive discrimination that the theology of the imago Dei cannot easily sanction.

Third-party reproduction, the use of donated eggs, donated sperm, or a gestational surrogate, raises a distinct set of theological and ethical questions that go beyond the embryo-status issues associated with IVF. These technologies sever, in various ways and to various degrees, the connection between genetic parenthood, gestational parenthood, and social parenthood, the three dimensions of parenthood that have been, in the Biblical tradition, unified in the covenantal relationship of marriage and family. Ramsey (1970), in *Fabricated Man,* one of the earliest and most influential theological engagements with reproductive technology, argued that donor insemination (and by extension other forms of third-party reproduction) constitutes a violation of the covenantal integrity of marriage: it introduces a third party into the most intimate domain of the conjugal relationship and produces a child whose genetic, gestational, or social parentage is divided in ways that the Biblical model of family does not contemplate. This argument retains considerable force for theologically conservative positions, though it has been contested by Protestant thinkers who argue that the Biblical model of family is more varied and more flexible than Ramsey's account suggests, including, notably, the practice of levirate marriage and various forms of surrogate motherhood attested in the Genesis narratives themselves (Verhey, 2011).

Surrogacy, on the other hand, presents a particularly complex ethical terrain. Commercial surrogacy, in which a gestational surrogate is paid to carry a pregnancy to term for another couple, raises concerns about the commodification of women's reproductive labor, the potential exploitation of economically vulnerable women, and the treatment of the child as a product of a commercial transaction. Anderson (1990) argues that commercial surrogacy constitutes a form of alienated labor that violates the specifically intimate character of gestational motherhood and reduces the surrogacy relationship to a market transaction. These concerns are heightened in international commercial surrogacy arrangements, where significant power differentials between wealthy commissioning parents and economically vulnerable surrogates in lower-income countries raise serious justice concerns (Darnovsky & Beeson, 2014). However, altruistic surrogacy, in which a woman carries a pregnancy for a family member or close friend without commercial compensation, presents a more theologically ambiguous case. Many Protestant theologians have argued that altruistic surrogacy, conducted within a framework of genuine care and committed relationship, may be consistent with the Biblical values of self-giving love, family solidarity, and the pursuit of the fertility blessing for those who cannot achieve it naturally (Jones & Whitford, 2018). The

decisive theological criterion, on this account, is not the technological means employed but the relational and ethical context within which the technology is used.

Literature Review

Recent scholarship on fertility, infertility, and Assisted Reproductive Technologies (ARTs) has increasingly explored the intersection of biblical interpretation, reproductive ethics, cultural expectations, and healthcare accessibility. Although Genesis 1:28 has traditionally been interpreted as a divine mandate for procreation, contemporary studies suggest that such interpretations often contribute to infertility stigma and complicate ethical discussions surrounding reproductive technologies. Current literature reveals a growing effort to reinterpret biblical teachings on fertility while addressing the ethical and social challenges associated with infertility and reproductive medicine.

Some people interpret "be fruitful and multiply" in Genesis 1:28 as a command. Ademiluka (2020) insists it is divine empowerment. Not an order. He notes that the same blessing (wayebarek וַיְבָרֶךְ) is given to fish in Genesis 1:22. Fish lack the capacity to obey laws. They receive life as a gift. That's it. No command. He observes that some Pentecostal sermons in Nigeria lift the verse out of its context and present it as an order for every married couple. His interpretation is precise. The Hebrew wayebarek (וַיְבָרֶךְ) is an intensive verb meaning "to empower richly." It is not an order. This matters in Nigeria. Because some clergymen use this verse to encourage polygamy and countless prayer vigils for waiting couples. But Ademiluka stops at exegesis. He doesn't build an ethics for IVF or IUI. He doesn't ask: if Genesis 1:28 is a blessing, not a command, what ethical criteria should guide participation in that blessing through ART? This study asks that question.

One major area of contemporary scholarship concerns the theological interpretation of fertility within the biblical tradition. Recent studies have challenged narrow pronatalist readings of Genesis 1:28 that equate fruitfulness exclusively with biological reproduction. According to Massé García (2025), biblical notions of fertility and reproduction should be understood within broader frameworks of divine blessing, human flourishing, and covenantal participation rather than as absolute obligations imposed upon every individual or married couple. This perspective recognizes that fruitfulness in Scripture extends beyond physical procreation to include spiritual, social, and communal dimensions. Such interpretations provide a more inclusive theological framework for understanding infertility within Christian communities.

Lisa Sowle Cahill (2003) contends that Scripture presents fertility as gift, not a right that men can demand from women. In *Sex, Gender, and Christian Ethics*, she critiques patriarchal readings that turn women's bodies into vessels for male lineage. She insists that reproductive ethics must start with women's agency and choices. It helps dismantle the misuse of "be fruitful" as a weapon. However, Cahill writes from the West where ART is regulated, debated in ethics committees, sometimes covered by insurance and therefore relatively accessible. She doesn't account for Nigerian realities. There's no national ART law. Many churches still preach that medical help equals "lack of faith." Studies document patients who delay treatment for years due to pastoral advice to "wait on God" (Omoaregba et al., 2011; Bello et al., 2014). So the problem isn't just gender pressure. It's an economic lockout plus spiritual shame. Justice must be central when we read Genesis 1:28. A blessing that demands money most people don't have becomes a curse.

According to Mercy Amba Oduyoye (1995), African religious cultures link a woman's worth to her fertility. She documents this in *Daughters of Anowa: African Women and Patriarchy.*

Childlessness in Africa, she argues, is not merely personal grief. It's a "communal disaster." She records cases from Ghana and Nigeria where women lose inheritance and are sent back to their fathers' houses. Some endure public mockery during naming ceremonies. They are called *ajonwa* in Yoruba and *nwanyi aga* in Igbo, a land that bears no fruit. As if their bodies failed the community. Oduyoye argues that churches use procreation texts to enforce that system, baptising culture with Genesis 1:28. She calls for readings that free women from "fertility as identity." A woman's dignity comes from being made in God's image, not from her children.

Building on Oduyoye, Musimbi Kanyoro (2002) introduces a method she calls "reading with African women." Biblical interpretation, she insists, must begin with the experiences of women who are harmed by patriarchal readings. In introducing feminist cultural hermeneutics, she identifies Genesis 1:28 as a "text of terror," used to mandate reproduction without regard for a woman's health or economic situation, let alone if she is living through war. She tells the story of Sudanese women who survived rape during armed conflict. They were later rejected by churches because they couldn't "fulfill Genesis 1:28." Yet she affirms that African women's desire for children is real. The tension she identifies is precisely the tension of ART in Nigeria. The desire for children is real and culturally valued, but the means to achieve it are constrained by economics and theology. Kanyoro doesn't resolve this tension regarding reproductive technology. This study contributes by using Liberation Theology to argue that "reading with African women" in Nigeria today means supporting both their access to ART and their freedom from stigma when ART fails or when they can't afford it.

A crucial Nigerian perspective comes from Samuel O. Abogunrin (2005), who writes on biblical healing. He argues that the Bible presents God as the ultimate healer but does not reject human medicine. Luke the physician and the healing miracles of Jesus model a partnership between divine power and human skill. He criticises Pentecostal teaching that calls medical treatment "lack of faith." That teaching harms believers who need clinical care. While Abogunrin writes about general healing, his principle applies directly to infertility. If "subdue the earth" in Genesis 1:28 includes subduing disease, then ethical IVF can be understood as a form of biblical healing. Not rebellion. Abogunrin doesn't address the specific ethical boundaries of ART, such as embryo status or third-party gametes. This study extends his healing theology by applying Principlism to define those boundaries in the Nigerian context. How do African churches handle health stigma? E. Chitando (2007) answers this in Living with Hope: African Churches and HIV/AIDS. He shows that churches often intensify stigma by linking disease to sin, while simultaneously being the most trusted institutions for care. Although Chitando writes about HIV/AIDS, the pattern applies to infertility. In Nigeria, childlessness is frequently attributed to spiritual attack, generational curses, or personal sin, echoing the stigma Chitando documents. His work shows that theological misreading creates social death. Preaching Genesis 1:28 as a command produces the very "curse" it's supposed to prevent. Chitando's call for "compassionate theology" supports this study's argument: the church must reframe Genesis 1:28 as a basis for care rather than condemnation.

Within the Nigerian context, recent studies have examined Christian attitudes toward Assisted Reproductive Technologies. Ogunbiyi (2025) investigated perceptions of ARTs among Nigerian Christians and found that while awareness of technologies such as in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI) has increased, many believers remain uncertain about their theological acceptability. The study revealed that

denominational teachings significantly influence attitudes toward reproductive technologies. While some Christians perceive ARTs as legitimate medical interventions that alleviate suffering, others regard them as attempts to interfere with divine sovereignty. Nevertheless, the study found growing support for integrating pastoral counseling and ethical guidance into fertility treatment programs.

Another significant theme in recent literature concerns access to fertility treatment and reproductive justice. Mackay et al. (2023) argue that infertility should be understood not merely as a medical condition but also as a matter of social justice and human dignity. Their study highlights numerous barriers to accessing ARTs, including financial constraints, inadequate healthcare infrastructure, geographical limitations, and social inequalities. The authors contend that equitable access to fertility treatment is an important component of reproductive healthcare and should be incorporated into broader discussions of healthcare justice.

Recent scholarship demonstrates a gradual shift away from understanding fertility solely in biological terms toward broader conceptions of human flourishing, dignity, and well-being. While significant attention has been devoted to infertility, reproductive technologies, and religious ethics, there remains a noticeable gap in studies that specifically examine the relationship between Genesis 1:28, fertility as divine favour, and the ethical implications of Assisted Reproductive Technologies within contemporary African Christian contexts based on the integration of liberation theology with Principlism. This study seeks to address that gap by critically evaluating Genesis 1:28 and exploring how its interpretation can inform ethical approaches to infertility treatment while promoting compassion and inclusion within Christian communities.

Theoretical Framework

This study uses two lenses that work together: Gutiérrez's Liberation Theology and Beauchamp and Childress's Principlism. One identifies who suffers under current readings of Genesis 1:28. The other defines what counts as an ethical response. Liberation Theology exposes the injustice. Gutiérrez (1971) argues that God has a "preferential option for the poor." In Nigeria, infertile couples are poor in two ways. First, they're locked out of over four million IVF. Second, they're shamed in church for not fulfilling Genesis 1:28. Oduyoye (1995) calls childlessness a "communal disaster" for African women because it strips them of status. Preaching fertility as a command, with no material pathway to it, reproduces that disaster. Kanyoro's (2002) cultural hermeneutic insists we read Scripture starting from the experience of women harmed by it. For this study, that means measuring every sermon on Genesis 1:28 by its impact. Sermons that free childless women align with the text. Those who shame them misuse it. Principlism adds precision. Four duties keep both medical and pastoral practice honest.

Autonomy is broken when pastors label IVF "sin" without understanding the procedure. That uses spiritual authority to coerce medical choice. Kanyoro's method, "reading with women," requires the opposite. Informed, unpressured consent must be protected. Beneficence means acting to relieve suffering. Arbo (2018) equates infertility grief with bereavement. A theology that withholds ART options fails beneficence. Abogunrin (2005) argues that Scripture treats medicine as God's provision rather than rebellion. Non-maleficence draws the line at harm. If life begins at conception, creating surplus embryos risks harm. Selective fertilisation, fertilising only the number of eggs to be transferred in one cycle, minimises that risk while still treating infertility. This respects both imago Dei and the concerns raised in *Donum Vitae* (1987). Justice confronts access. Clinics are in

Lagos and Abuja. Poor rural people can't reach them. Chitando (2007) shows that injustice is social too: stigma isolates as effectively as poverty. Justice therefore, demands subsidy and decentralisation. It also demands sermons that stop blaming the childless.

Together, the frameworks do one job. Liberation Theology says the childless woman is the "non-person" in church life. Principlism says you restore her personhood by protecting autonomy, pursuing beneficence, avoiding harm, and ensuring justice. This study uses both to test every reading about ART. A reading of Genesis stands if it liberates the excluded and meets the four duties. If it doesn't, it misreads the text.

Exegetical Foundations: The Fertility Blessing in Genesis 1:28

Genesis 1:28 belongs to the Priestly (P) source, the most theologically sophisticated of the Pentateuchal literary strands identified by the documentary hypothesis and widely regarded by critical scholars as a product of the exilic or post-exilic period, composed in a context of profound theological reflection on creation, covenant, and human identity (Wenham, 1987). The Priestly creation narrative is characterized by its liturgical cadence, its emphasis on divine speech-acts, and its carefully structured theological argument; within that argument, the blessing of fertility in verse 28 occupies considerable theological weight.

The Hebrew verb used for the divine action in verse 28, *wayebarek* (and he blessed), is the same verb used for the blessing of the animals in verse 22 and will recur throughout the Priestly tradition in contexts of covenantal significance. Westermann (1984) argues that this blessing is not a commandment in the strict sense but a gift: it is a creative empowerment, an endowment of capacity and potential, rather than a legal obligation whose non-fulfillment would constitute sin. "The divine blessing," Westermann writes, "is the power of fertility bestowed on living beings" (p. 140). The mandate to "be fruitful and multiply" (pəru\ urvu) is therefore best understood not as an unconditional imperative but as a declaration of divinely granted capacity, a blessing that frames procreation as participation in the creative work of God. Brueggemann (1982) extends this analysis, arguing that the fertility blessing of Genesis 1:28 is part of a broader Priestly theology of blessing that runs through the Pentateuch, linking the creation of human beings in the divine image with the covenantal promises to Abraham and Sarah, to Isaac and Rebekah, to Jacob and his wives. Hamilton argues that dominion in Genesis 1 is a call to stewardship that reflects God's own care for creation. After the Fall, reproduction involves pain (Genesis 3:16). Yet the blessing is renewed to Noah (9:1) and Abraham (17:6). This continuity shows fertility is covenant favour, not human achievement. Fertility, on this reading, is not merely a biological capacity but a sign of divine favour and covenantal faithfulness, a theme that reaches its most poignant expression in the narratives of barren women whose eventual fertility, Sarah (Genesis 21), Rebekah (Genesis 25:21), Rachel (Genesis 30:22-24), and Hannah (1 Samuel 1), is consistently interpreted as divine intervention and covenantal blessing. The prominence of these barrenness narratives in the Biblical tradition is itself theologically significant: it acknowledges the reality and the painfulness of infertility while consistently framing fertility as a gift that lies ultimately in divine hands.

Religious-Ethical Positions on ARTs: Catholic, Protestant and African Perspectives

The most systematically developed and most clearly articulated theological position on ARTs is that of the Roman Catholic Church, which has condemned IVF and most other ARTs in two landmark magisterial documents: *Donum Vitae* (Congregation for the Doctrine of the Faith, 1987) and *Dignitatis Personae* (Congregation for the Doctrine of the Faith, 2008). The Catholic position rests on two foundational principles derived from natural law theology:

the principle of the inseparability of the procreative and unitive dimensions of the conjugal act, and the principle of the full moral status of the human embryo from the moment of fertilization.

On the first principle, *Donum Vitae* (1987) argues that IVF is morally illicit because it separates procreation from the conjugal act, substituting a technical procedure for the physical expression of conjugal love, which, on the Catholic account, is the only morally appropriate context for the generation of new human life. The document states that "fertilization is licitly sought when it is the result of a conjugal act which is per se suitable for the generation of children" and that IVF, by replacing rather than assisting the conjugal act, violates the integral connection between procreation and conjugal union that the natural law requires (Donum Vitae, 1987, II.B.4). This is a principled and internally consistent argument, but it has been contested even within Catholic theological circles: Cahill (1990) argues that the principle of inseparability, as applied in Donum Vitae, does not adequately distinguish between assisting a conjugal process that is already underway and replacing that process entirely, and that some forms of low-technology ART, such as assisted insemination using the husband's sperm, may be consistent with natural law even on a strict reading of the inseparability principle.

On the second principle, the full moral status of the embryo, the Catholic position is both philosophically serious and pastorally demanding. By granting full moral status to the embryo from the moment of fertilization, *Dignitatis Personae* (2008) condemns not only the deliberate destruction of surplus embryos but also their indefinite cryopreservation, their use in research, and their selection through PGD. Grisez (1997) defends this position on natural law grounds, arguing that the continuity of human biological development from fertilization onward provides no principled basis for drawing a moral line at any point before birth, and that the embryo's genetic uniqueness and developmental trajectory establish its identity as a distinct human individual deserving of full moral protection.

Protestant theological ethics on ARTs is considerably more diverse than the Catholic position, reflecting both the Protestant principle of sola scriptura, which places the interpretation of the fertility mandate of Genesis 1:28 directly in the hands of individual believers and communities, without the mediating authority of a magisterium, and the Protestant tradition of contextual ethical discernment, which attends to the specific circumstances of individual cases rather than applying universal rules mechanically. Hauerwas (1981), writing from a broadly Protestant but virtue-ethics perspective, argues that the Christian understanding of procreation as a gift, rooted in the Genesis fertility blessing, generates a disposition of receptivity toward children rather than the reproductive sovereignty implied by the language of "reproductive rights" and "reproductive choice" that governs much of the secular ART debate. On Hauerwas's account, the desire to have a child at any cost, including the technological costs of IVF, may itself reflect an idolatrous relationship with fertility, a refusal of the gift character of the blessing in favor of an assertive technological control of the procreative process. This is a searching and uncomfortable critique, but it has been questioned by theologians who argue that the use of technology to address medical conditions, including infertility, is itself consistent with the Christian vocation to heal and to care for the suffering (Verhey, 2011).

Verhey (2011), in his comprehensive theological ethics of medicine, develops what he calls a "hermeneutics of Scripture and ethics" that reads the fertility blessing of Genesis 1:28 not as a fixed mandate whose implications are determined by natural law but as a theological vision of human flourishing that must be interpreted in the light of the whole canonical

narrative, including the narratives of barrenness and divine healing, the New Testament's reframing of procreation within the broader community of the Kingdom of God, and the Christian conviction that infertility, like all forms of human suffering, calls for both compassionate response and prayerful discernment. On this account, many ART procedures can be theologically affirmed when they are pursued within a framework of covenantal commitment, respect for the embryo's dignity, and openness to the full range of responses to infertility, including adoption and childless vocation, that the Christian tradition makes available.

In many African cultural and religious contexts, fertility is understood not merely as a personal blessing but as a communal and ancestral obligation: the continuation of the family line, the maintenance of the ancestral community, and the fulfillment of one's social identity are understood to depend on biological procreation in ways that generate enormous social pressure on infertile persons, particularly infertile women, and that make the desire for children far more than a private preference (Dyer et al., 2002). Mbiti (1990) famously observed that in African traditional thought, the individual exists through the community: "I am because we are; and since we are, therefore I am" (p. 106). This communal ontology assigns fertility a significance that goes beyond the individual couple's desire for a child, encompassing the obligations of the living to the ancestors, the family's social identity, and the continuity of the community across generations. Infertility in this context is not merely a medical condition but an ontological crisis, a threat to the person's social existence and their relationship with the ancestral community. Dyer et al. (2002) document the devastating social consequences of infertility for African women, including social stigma, physical abuse, marital dissolution, and social marginalization, and argue that these consequences make access to effective infertility treatment not merely desirable but an urgent matter of social justice.

African Christian theologians have developed diverse positions on ARTs that reflect both the communal theological framework and the resources of Christian theology. Oduyoye (1995) argues, from an African feminist theological perspective, that the weight placed on biological fertility in African cultural contexts needs to be critically examined in light of the Gospel's reframing of family, a reframing in which the community of disciples becomes the primary family and biological kinship is relativized rather than absolutized. Mwamba (2021) develops a constructive African Christian bioethics that affirms the use of ARTs as consistent with the communal value of fertility and the Christian imperative to address suffering, while insisting that their use must be governed by the African values of communal discernment, relational accountability, and respect for the sanctity of human life at all its stages.

Fertility as Divine Favour in the Nigerian Context

Infertility is a genuine form of human suffering that the Church must take seriously, not by immediately directing couples toward ART procedures, but by providing the theological, emotional, and communal accompaniment that enables them to navigate the complex and often agonizing decisions that infertility presents. Ulrich (2012) argues that the pastoral failure in much contemporary church practice is not theological rigidity but theological superficiality: the failure to help couples engage with the full depth of the Biblical narrative on fertility and barrenness, the full range of the tradition's resources for understanding suffering and hope, and the full complexity of the theological principles that bear on ART decisions.

Scripture links fertility to favour. Sarah (Genesis 21), Rachel (Genesis 30:1), and Hannah (1 Samuel 1) received children after barrenness. Rebekah was barren, Isaac prayed for her and God answered (Genesis 25:21-28). Elizabeth, the mother of John the Baptist, was also childless until old age. None of these women was punished for infertility. It was not a curse. It was a delay that ended in blessing. Yet the Bible also honours barrenness for divine purpose. Isaiah 54:1 calls the barren woman to rejoice. Luke 1 shows Elizabeth's childlessness ends in John the Baptist. Jesus affirms children (Mark 10:14) but praises eunuchs for the kingdom (Matthew 19:12). Paul defines ultimate fruitfulness as spiritual (Galatians 5:22). In Nigerian Christian literature and documented sermons, Sarah and Hannah are frequently praised as models of faith. But as Oduyoye (1995) observes, these narratives are often used to increase shame. The unspoken question is, if God opened their wombs, why not yours? That turns blessing into a curse. Kanyoro (2002) insists that a liberating hermeneutic must ask whose experience is centred. When Genesis 1:28 is preached without acknowledging the cost of IVF, the experience of poor women is erased. A liberationist reading insists God's favour is not measured by wombs. It's measured by justice for those whose wombs are empty. That means affordable IVF and pastoral compassion. Blame must come to an end. Chitando's (2007) work on health stigma supports that the church must move from condemnation to compassion.

Thus, the biblical injunction of "Subdue the earth" includes medicine. Nancy Pearcey (2004) calls science stewardship. In Nigeria, ethical IVF is stewardship, not rebellion. Abogunrin's (2005) healing theology afirms that medicine is a cooperation with God. He shows that biblical healing never sets God against doctors. Jesus sent the ten lepers to the priests, who acted as health inspectors. Luke called the beloved physician, travelled with Paul and wrote his gospel. Paul told Timothy to use a little wine for his stomach. None of these examples treats medicine as a lack of faith. They treat it as common sense. Abogunrin concludes that refusing medical help when it is available is not an act of holiness. It is simply mistaken. The church that preaches Genesis 1:28 as a blessing should therefore welcome medical means that heal infertility, when they respect life and marriage. However, while *Donum Vitae* (1987) rejects IVF. Magnuson (2023) permits it with spousal gametes. Studies from Ghana (Osei-Afriyie, 2021) show that Christians reject donor gametes as contrary to marital fidelity. Marital fidelity is therefore the regional ethical line. Non-maleficence requires selective fertilisation, fertilising only the number of eggs to be transferred in one cycle. That protects embryo life and aligns with imago Dei.

The narratives of barren women in the Biblical tradition, Sarah, Rachel, Hannah, and Elizabeth, are not merely historical records; they are theological resources for pastoral accompaniment that model divine attentiveness to the suffering of infertility, the legitimacy of desperate petition, and the transformative possibilities that divine favour can open even in the most hopeless situations. A pastoral theology of infertility that takes these narratives seriously will be one that neither trivializes the suffering of infertility nor reduces its resolution to a medical or technological question.

Conclusion

Genesis 1:28 pronounces a blessing over human beings that has resonated through millennia of religious life, shaped countless personal aspirations, and generated some of the most searching theological and ethical debates of the contemporary era. The fertility that God blessed in the creation narrative is not a biological mechanism but a divinely endowed capacity for participation in the creative work of God, a capacity whose presence is a gift,

whose absence is a genuine suffering, and whose exercise demands the moral seriousness appropriate to any encounter with the sacred.

This paper has argued that the fertility mandate of Genesis 1:28 neither absolutizes biological reproduction, as if the failure to produce biological offspring were a mark of divine disfavour or a violation of divine command, nor sanctions unlimited technological intervention in procreation, as if the divine blessing of fertility conferred on human beings the sovereign authority to pursue reproduction by any means available. Instead, it grounds a framework of reproductive stewardship that affirms the legitimate aspiration for fertility, takes with full seriousness the suffering of infertility, and evaluates ART procedures against the criteria of the embryo's dignity, relational integrity, and justice in access and distribution. Engagement with Roman Catholic natural law, Protestant deliberative ethics, and African theological perspectives has shown that theological reflection on ARTs is neither monolithic nor simple; it involves genuine disagreement over foundational principles, hermeneutical methods, and the relative weight of different moral considerations. But what all these traditions share is the conviction that the desire for a child is not merely a consumer preference to be satisfied by whatever means are technically available, but a profound human aspiration rooted in the deepest theological understanding of what it means to be human, to be created in the image of a God who is himself generative and creative, who pronounced a blessing over the fertility of human beings, and who, in the fullness of time, chose to enter the community of human family as a child.

The task for theologians, bioethicists, pastors, and policymakers is to hold together, without false resolution, the genuine tensions that the ART debate presents: between the aspiration for fertility and the dignity of the embryo, between the technological capability to assist reproduction and the moral responsibility to constrain its exercise, between the universality of the fertility blessing and the particularity of the covenantal context in which it is received. That is not an easy task. But it is the task that Genesis 1:28, read with the full seriousness its theological weight demands, places before every generation that encounters it, and our generation's encounter with it in the context of modern reproductive medicine is among the most consequential it has ever been called to undertake.

Genesis 1:28 is a blessing of capacity, not a command of reproduction. In other words, God gives the ability to be fruitful. He does not issue a legal order that every marriage must produce children. That is the core argument of this paper. However, as Ademiluka (2020) documents, some Nigerian church teachings present this verse as a divine command to have children. When this happens, childless women can feel pushed aside. They may lose standing in the family or in church life. Some are made to feel that their infertility is their fault. They are blamed for something that is not their fault. And when the church does not address the high cost of IVF, the burden grows heavier. Preaching Genesis 1:28 as a command without acknowledging the ART cost or the pain of stigma can become a misuse of scripture. Liberation Theology identifies that oppression. Principlism outlines the ethical path as autonomy, beneficence, non-maleficence, and justice. Many churches teach Genesis 1:28 as a call to biological reproduction. Yet couples struggling with infertility do not receive enough material support. The cost of getting IVF is much more than what most families can afford. Some of the church teachings create fear or hesitation towards using medical options. All these put childless couples in a tight corner. They are caught between the teachings and the high-cost reality. It is not really about blaming the church; it is about how the church can close the gap and offer solutions to the situation.

Recommendations

1. Pastoral bioethics training: Departments of Religious Studies or Theology in Nigerian universities should introduce a course on "Bioethics for Pastoral Ministry." The module would help students distinguish blessing from command in Genesis 1:28 and explain how IVF and IUI work. It would cover ethical issues like embryo status and the use of donor gametes. Students would learn to apply Principlism to real counselling cases. The goal is to equip clergy to counsel without coercion and to know when to refer couples to fertility specialists. Students would be assessed in several ways. There would be a case study analysis in which they respond to a real-world infertility scenario. For example, a couple torn between pastoral advice to wait on God and a doctor's recommendation for IVF.
2. Church-based ART support funds: Denominations should establish congregational or regional ART support funds through designated offerings. These would be special collections taken on specific Sundays. This shows what a church-linked initiative can achieve when it moves beyond preaching and starts providing. Other denominations can learn from that. A church champions the cause, raises funds from members and corporate sponsors, partners with reputable fertility clinics, and awards grants annually. The funds should first help low-income couples who have a doctor's diagnosis of infertility and their pastor's backing. A small committee, including lay members, could review applications to ensure fairness. Money from the fund can go toward part of the treatment cost, counselling sessions and even adoption support if ART doesn't work. Every year, the church should share a clear financial report with members. This eases the money pressure and gives couples options beyond desperation.
3. Teach adoption as fruitfulness: Churches can set aside special Sundays to honour families formed through adoption and guardianship. Use those days to build stronger ties with orphanages. This practice treats adoption as participation in a family blessing. When we honour families who raise children given to them by law, by kinship ties, by community elders or by sheer compassion, it reduces pressure on couples to have biological children at any cost. Teaching this kind of fruitfulness expands what it means to be blessed. Fruitfulness is not only in wombs. It's in homes that welcome children with love. A church could go further. It could invite adoptive parents to share their stories during a service. It can partner with a local orphanage for visits or donations. None of this requires expensive medical technology. It only requires the church to see that a child welcomed through adoption is just as much a blessing as a child born to biological parents.
4. Selective fertilisation protocols: Nigerian clinics should adopt guidelines to fertilise only the number of eggs to be transferred in one cycle. That means if a doctor plans to transfer two embryos, the lab should fertilise only two eggs. Not more. This will avoid the moral problem of discarding surplus embryos. Where that's not clinically possible, for example, if egg quality is poor or the woman has a low egg count, clinics should limit total embryos created to the absolute minimum needed for one live birth attempt. And there should be a binding commitment to transfer all viable embryos. There should be no indefinite freezing, no discarding. Clinic ethics committees should monitor compliance and keep a log of all cases. The Medical and Dental Council of Nigeria should publish a national framework to standardise practice. Fertility laboratories should train embryologists on single-cycle fertilisation methods and submit quarterly reports. Patients should receive a one-page written summary of the procedure before signing the consent. This allows couples to give informed consent without needing a law degree. These administrative steps ensure the protocol can be checked and enforced.

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