

# Anti-Life Choices, Dignity of Human Life and Society Sustainability in Africa

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## ABSTRACT

Anti-life choices refer to decisions that are inimical to sustenance and full development of natural life. Certain decisions like the approval of abortion, contraception, gay marriage, euthanasia and assisted suicide are treated as anti-life choices and have generated a lot of ethical controversy bordering on individual autonomy and liberty, dignity of human life and society's sustenance. Pro-choice advocates hold that individual autonomy confers the liberty to manage one's life and body as one considers fit. These choices should be liberalised and left to the individual's discretion. In contrast, pro-life advocates argue for deontological respect for human life, natural order and societal values and call for legal restraints against these anti-life choices. The controversy lies in the limits of individual liberty in deciding matters of life. This paper is premised on the conviction that human life is sacred and transcends individual liberty of self-determination. It uses philosophical analysis to examine the logical implications of these anti-life choices for the dignity of human life and the sustenance of human society, especially in Africa. The study posits that individual liberty should be exercised within societal values, and liberalisation of anti-life choices, as championed by pro-choice advocates, strips human life of its dignity as a prime value and reduces it to the status of a commodity, endangering the lives of the weak and being inimical to the sustenance of human society. They are antithetical to African values of reverence for human life, community responsibility, and the sustenance of society.

**Keywords:** Anti-life choices, Pro-life, Pro-choice, Individual autonomy, Dignity of human life, Society's sustenance.

## INTRODUCTION

Over the past century, pro-choice movements anchored on libertarian ethical values promote personal autonomy, liberty and well-being against society influence and constrains, which results to extreme individualism, secularism, feminism, and diverse sexual orientations and gender identities (lesbian, gay, bisexual, transgender and queer and other sexual identities - LGBTQ+) that affect the traditional deontological sense of duty and responsibility to life, procreation and sustenance of society. Prochoice arguments emphasise individual autonomy and exclusive liberty to decide on matters regarding one's life and body without interference or constraints from society, leading to calls for the legalisation of abortion procurement, gay marriage and euthanasia. Pro-life argues against the stand and calls for restrictions on individual liberty on life because life is sacred, and it is a sacred duty to nurture, not to terminate, life placed in one's care. The pro-choice position has affected the concepts of sexuality, family, community responsibility and the sanctity of life, leading to some anti-life choices on birth control, abortion, contraception, gay marriage, euthanasia and assisted suicide, especially in Western nations (Onyiloha, 2023).

Anti-life choices refer to decisions that are "opposed to or restricting the full development of natural life" It is choices that are "antagonistic or antithetical to life or to normal human values" (Merriam-Webster,

“Antilife.” n.d.). Among the consequences of the anti-life choices is a declining respect for human life, a low birth rate and a threat to the lives of the vulnerable. The popularity of Pro-choice arguments and the legalisation of anti-life choices in some Western countries has contributed to their having birth rates below the replacement level of 2.1 children per woman, which has profound impacts on population stability, economic growth, and social welfare systems (United Nations, 2017). Many of these countries rely on immigrants, especially from Asia and Africa, for human resources to drive their economies and social services. (Mentzelopoulou, 2025)

This trend is gradually permeating African society and has significant implications for African cultural values, demography, health, and development. In Africa, it is driven by urbanisation, economic uncertainty, the pursuit of higher education and career advancement, as well as Western influences in changing attitudes toward reproductive and community responsibilities. Although Africa is undergoing a demographic transition, with a growing acceptance of Western-style family planning and smaller family norms, particularly in urban areas with better economic and educational opportunities, the continent faces significant challenges in providing efficient healthcare, education, and jobs to its growing populations. Pro-choice advocates claim that some of the anti-life choices will help to regulate pregnancies, improve maternal health, women's productivity, population control, quality of life and end suffering (Guttmacher Institute, 2018).

This paper uses philosophical analysis to examine the logical, ethical and social implications of anti-life choices like abortion, contraception, gay marriage, euthanasia and assisted-suicide, as they concern African development and stability. The pro-life and pro-choice controversy centres on the limits of individual rights to life. This paper aligns with the pro-life position and holds that individual autonomy and liberty are secured by society and should be exercised within the limits of societal values. The analysis is based on social observation and literature on the existential realities of society. The discussion is premised on the sacred nature of human life and the individual responsibility to nurture life in one's care and sustain society. The paper recognises that the pro-choice position may help in alleviating some socioeconomic and reproductive health challenges in Africa, but it is inimical to the dignity of human life and reproduction, and a threat to society's demographic stability, African values, reverence and care for life, responsible sexual relationships and duties to procreation and sustenance of society. It avers that maternal health can be improved with efficient healthcare facilities and responsible sexual acts; population growth can be harnessed for greatness through effective education and productive skill acquisition; and poverty can be reversed through an inclusive social economy. Africa requires responsible leadership committed to the well-being of its people based on its cultural heritage to be great, and not on the manipulations of foreign aid providers that promote anti-life choices to control population.

## Clarification Of Terms

### Anti-life Choices

Anti-life choices are decisions that are opposed to or restrict the full development of natural life. It refers to choices that are “antagonistic or indifferent to normal life”, “opposed to living in harmony with the natural order” (Collins English Dictionary, “Antilife” n.d.); “antagonistic or antithetical to life or to normal human values” (Merriam-Webster, “Antilife.” n.d.). It includes advocates of abortion, euthanasia, wars and other practices inimical to the natural order and sustenance of life.

### Pro-life

The Oxford English Dictionary credits A. S. Neill (1960) with being the first to put in print the phrase “pro-life” to mean fullness of life. Neill uses it broadly to mean non-restriction to the expression of life when he states that “no pro-life parent or teacher would ever strike a child.” No pro-lifer would put up with our penal law, hangings, treatment of gays as criminals, or attitude toward bastardy (Merelli, 2022). The Los Angeles *Times* is the first documented user of pro-life in the context of anti-abortion in its “pro-life, anti-abortion educational programs” in 1971 (“Pro-life.” Oxford English Dictionary, n.d.). The term “right to life” and other previous uses of the word “life” by the anti-abortion advocates appear to be the source of the adjective “pro-life.” By 1973, the term pro-life or right to life was also used to refer to progressive views opposing euthanasia, the death penalty, and war (Merelli, 2022). Language writer William Safire of the New York Times attributes the popularisation of the term

"pro-life," a condensed version of the "right to life" slogan, to Nellie Grey (Safire, 1979). Grey started the yearly March for Life in Washington in 1974.

### **Pro-choice**

"Freedom of Choice" written on a placard at the 1976 Democratic National Convention, implying the "right to choose", anticipated the rise in popularity of the pro-choice movement (Safire, 1979). Pro-choice movements developed in reaction to the popularity of the pro-life branding (Harmon, 2019). The phrase was first used in a 1969 edition of the Oxnard Press-Courier, a daily newspaper in California, stating "prochoice and anti-abortion activists... headed to the Women's Clinic" (Oxford English Dictionary, Prochoice, n.d.). Its popularity may be traced to the executive director of the Association for the Study of Abortion, Jimmymy Kimmey's 1972 document in which he raised "the need to find a phrase to counter the Right to Life slogan" and offered "Right to Choose" and "Freedom of Conscience" as potential alternatives. She prefers the former for its succinctness and emphasis on action rather than on the "internal matter" of conscience (Greenhouse and Siegel, 2012). William Safire speculates that the phrase could have been influenced by the preceding ten years' usage of "Freedom of Choice" as an anti-integration catchphrase (Safire, 1979).

Before the popularisation of pro-choice, advocates of legal abortion frequently used the term "pro-abortion." For example, in a 1975 remark to The Wall Street Journal, a representative of Planned Parenthood mentioned "pro-abortion" legislation. The phrase fell out of style after abortion became legal in the US. It was perceived as misleading or distracting (Rothman, 2013). Pro-choice is preferred to emphasise individual liberty in making decisions about their life and body, which extends beyond the right to abortion to include sexual orientation, euthanasia and assisted suicide.

### **Philosophical Underpinnings of Pro-life and Pro-Choice Arguments**

The pro-life and pro-choice controversy revolves around the individual autonomy and liberty to manage one's life and body without external interference or restriction. The pro-life argument holds that human life is sacred and should be allowed to develop naturally without human interruption. Human life is a prime value, and every human being, from conception to natural death, has an inherent right to life irrespective of stage of development, age or ability. Everyone on the planet, including the most primitive humans, has the right to life, which is an intrinsic and unalienable right (Holstein and Gubrium, 2008). It is a duty to protect and sustain life, especially life placed in one's care. No one has the right to terminate an innocent life. Pro-life arguments are anchored in deontological ethics; it is a moral duty to do the right thing to maintain the natural order, irrespective of inconveniences. Pro-life advocacy extends beyond opposition to abortion to include euthanasia, assisted-suicide and war and to support care for the weak and vulnerable in society.

Pro-choice advances libertarian ethical principles of maximum individual autonomy, liberty, self-ownership and non-societal interference (Mackinnon, 1987). It focuses on the individual as the primary unit of moral values, rather than the collective or natural order. The individual has the fundamental right to choose what to do with one's life for the sake of one's well-being. It emphasises equality, freedom of choice and self-determination. Pro-choice advocates support the legalisation of abortion, gay marriage, euthanasia and suicide as recognition of individuals' rights of self-autonomy.

### **Controversial Anti-Life Choices**

There are some controversial individual liberties like rights to abortion, contraception, gay marriage, euthanasia and assisted suicide, that are considered anti-life choices we shall briefly analyse here.

### **Abortion**

Abortion is here understood as an intentional termination of a human pregnancy. The right to abortion is the most controversial issue in the pro-life and pro-choice debate. The abortion debate touches on the moral, legal, medical, and religious aspects of induced abortion (Groome, 2017). The proponents for the legalisation of

abortion argue for women's autonomy over their bodies and reproductive health, while opponents stress the sanctity of life and the duty to preserve life. The controversy revolves around the beginning of human life, the moral status of the foetus, a woman's right to reproduction, and the distribution of rights between the expectant mother and the unborn child (Everett, 1992, p.4). Pro-life arguments hold that life begins at conception and abortion is taking a human life. The right to life is fundamental and cannot be superseded by other rights and privileges, even that of the mother. The fertilised egg has a unique DNA and possesses the inherent qualities of personhood, such as the potential for consciousness, development, and individuality. Hence, the zygote, embryo, and foetus have the same moral status as a born human being, deserving full protection under the law (Everett, 1992, p. 41). It is a moral obligation on the mother to support an innocent life placed in her care. It is a duty to humanity to guarantee the unborn child's autonomy and shield it from harm. Its rights must be upheld (Beckwith, 2007). A woman's rights of autonomy and choice do not override the foetus's right to life. Pro-lifers use deontological, natural and religious moral principles to declare abortion wrong as it is the taking of an innocent life. The foetus's moral right to life is of utmost importance, and abortion is a transgression of core moral precepts of the sanctity of human life (Pope John Paul II, 1995).

On the other hand, pro-choice activists highlight the autonomy and rights of expectant mothers, claiming that they possess the freedom to make choices about their own bodies and reproductive destiny without interference from society. A woman's right to reproductive choice is crucial in preserving her sense of autonomy and self-determination (Thomson, 1971, p. 47-66). Coercing a woman to carry a pregnancy against her choice is a violation of that person's right to bodily integrity and autonomy, and it is not beneficial to both the mother and society to nurture an unwanted pregnancy to childhood. They contend that the foetus is not yet a person and that the protection of a pregnant person's autonomy and well-being, which enables them to make decisions in line with their own beliefs, circumstances, and life goals, justifies abortion. Hence, abortion is ethically permissible in protecting personal freedom, rights to one's body, dignity, happiness and control over one's destiny (Little, 2017). Women should have the right to end a pregnancy if they choose to do so, taking into account various factors such as the stage of foetal development, the health of the woman, and the circumstances of the conception.

The concept of personhood is central to the pro-life and pro-choice debates because it defines when an entity deserves moral consideration and rights as a person. Pro-choice activists stress personality traits like consciousness, self-awareness, and the ability to form meaningful connections. Some would contend that personhood develops gradually as the foetus grows and acquires the traits that characterise personhood. Therefore, in the early stages of pregnancy, when the baby lacks these characteristics, the rights of the pregnant woman should come before those of the foetus (Koukl, 1999). The stage of a pregnancy when the foetus attains personal consciousness remains a controversy. Many countries' legislation placed it after the first trimester (12 weeks). The United States and the United Kingdom allow the procedure up to 24 weeks into pregnancy.

## Contraception

Contraception is the use of artificial means to prevent pregnancy from sexual intercourse. It could be the use of barriers like a condom or sheath to obstruct fertilisation, the use of pills to prevent ovulation in the female, the insertion of intrauterine devices (IUDs) to prevent implantation of fertilised ovum in the uterus, or the male or female sterilisation. Contraception has played a major role in shaping the link between sexual acts and reproduction. The availability and widespread use of contraceptive technologies allow people to enjoy sexual acts and still control their fertility and plan their families as they deem fit. While this has empowered women, improved sexual health, and facilitated family planning, it has also led to dwindling procreation necessary for society's sustenance. The philosophical problem that arises is whether contraception breaches the natural law or the natural order of human sexuality (Finnis, 2011) or is an issue of personal freedom and choice, which are necessary for human flourishing (Dworkin, 1993).

There are theological, moral and social controversies around contraception. The Catholic Church objects to contraception. Pope Paul VI expressed the Church's view in the 1968 Encyclical *Humanae Vitae*, noting that contraception violates natural law and the divine purpose for human sexuality (p. 10-12). It holds that sexual intercourse is designed for procreation within a marital union, and contraception artificially obstructs the openness of sexual intercourse to procreation, separating the two (Catechism of the Catholic Church, 1994, pp.

2366–2372). However, it advocates responsible parenting, advising couples to space their children using natural family planning methods (Humanae Vitae, 1968, pp. 15-16). The Catholic Bishops' Conference of the Philippines described contraception as "intrinsically evil" (CBCP, 2011). Some critics like Fowler claim that the Catholic Church's position is out of date and ignores contemporary realities such as women's rights to self-ownership, career pursuit, population increase and poverty. (Fowler, 2013, pp. 234-235). Some other Christian churches, like the Evangelical Lutheran Church in America, accept contraception as a matter of personal conscience (ELCA, 2011). Jewish religion also allows for contraception for family planning and health concerns (Klein, 2011).

Opponents of contraception raise moral issues, claiming that contraception is against the natural purpose of sexual intercourse (Finnis 2011), encourages promiscuity and undermines traditional values (Fowler, 2013, pp. 234–235). They contend that contraception aids indulgence in irresponsible sexual intercourse that undermines traditional and religious values. Some hold that it has negative health consequences like an increased risk of blood clots and stroke (Fowler, 2013, pp. 234-235).

Pro-choice supporters of contraception claim that it is necessary for women's reproductive autonomy and equality, empowering them to make decisions about their bodies, health, and lifestyles, and responsibly control their sexual behaviour to prevent unwanted pregnancies, protect their dignity, regulate their reproductive lives and enhance productivity and self-actualisation (Supreme Court of the United States of America, 1965, pp. 485-486; Guttmacher Institute, 2019, p. 1-2; Fried, 2017, pp. 15-16). It also helps in promoting intimacy between couples without fear of pregnancy, thereby strengthening the family bond. In addition to its physical health advantages, contraception is believed to have some important mental health benefits. It lessens the stress, anxiety, and despair associated with unwanted pregnancies by giving women control over their reproductive lives (Guttmacher Institute, 2019, pp. 1-2). The advocates insist that the advantages of contraception much exceed the dangers, and that contemporary contraceptives are both safe and effective (Nelson, 2017, pp. 123-124). The World Health Organisation (WHO) underlines the importance of contraception for women's health, allowing them to space pregnancies, avoid undesired pregnancies, and lower the risk of maternal death (WHO, 2019, pp. 1516)

The historic Supreme Court case of *Griswold v. Connecticut* in America affirmed married couples' rights to privacy and contraception. The court concluded that the Constitution protects individual reproductive healthcare decisions, including the use of contraception (Supreme Court of the United States of America, 1965, p. 485-486). In the 1972 case of *Eisenstadt v. Bard*, the Supreme Court expanded this right to unmarried persons, declaring that the right to privacy and equal protection under the law includes access to contraception regardless of marital status (Supreme Court of the United States, 1972). The Guttmacher Institute, a leading reproductive health research organisation, emphasises that contraception is an essential component of reproductive autonomy, allowing people to plan their families, pursue education and careers, and make informed, responsible reproductive health decisions (Guttmacher Institute, 2011).

## Gay Marriage

Gay marriage is a marriage between two persons of the same sex. Its advocates hold that individuals have the right to live out their sexual orientation without discrimination. Denial of same-sex couples' marriage rights violates their human rights and dignity, and it is an act of discrimination and marginalisation. Pro-choice advocates of same-sex marriage argue that the rights of gay couples should be based on the United Nations Universal Human Rights Declaration on individual equality, justice and fairness, not religious or personal convictions (United Nations, 1948). All citizens, regardless of sexual orientation, deserve equal access to the legal rights and protections of marriage (Wolfson, 2004, p. 15). Discrimination against same-sex couples comes in the form of denial of healthcare, inheritance, societal acknowledgement and other rights that exacerbate prejudice and inequality, causing them to conceal their relationship and live in shadows and self-denial.

Pro-gay marriage arguments hold that same-sex couples have the same ability for love, commitment, and mutual support as opposite-sex couples, and their relationships are equally genuine and deserve acknowledgement.

Marriage is about two people's commitment and love, regardless of gender, and same-sex couples should have equal access to openly declare and celebrate their love. Love and commitment are essential human feelings that go beyond gender and sexual orientation. Same-sex couples can establish deep, enduring, and meaningful relationships just like opposite-sex couples. They have the same feelings, ambitions, and goals, and their relationships are founded on mutual respect, trust, and communication (Eskridge, 2002, p. 10). "Marriage is about the commitment and love between two people, regardless of gender" (Chauncey, 2004, p. 25). "Same-sex marriage provides legal and social recognition of same-sex relationships, which is essential for social inclusion and acceptance" (Badgett, 2009, pp. 30). "Marriage is a fundamental right that should be extended to all citizens, regardless of sexual orientation" (Klarman, 2013, p.18).

Critics of gay marriage hold that it is unnatural and conflicts with the traditional meaning of marriage. Marriage is traditionally defined as a union between a man and a woman with the prospects of bearing and raising children. Marriage defines a family, and the family is the basic unit of society that provides the primary, secure and caring environment for raising children and the propagation of humanity. Marriage should provide the complementary male-female union necessary for the survival of the human race. Altering the definition of marriage to include same-sex couples would erode its natural, cultural and social integrity with detrimental consequences to the survival of society and the human race (Gallagher, 2012, p.12; George, 2012, p.20). Many religious traditions consider gay marriage to be unnatural and an attack on the foundation of human existence (Dobson, 2004, p.15). It is inimical to human propagation as it cannot lead to childbearing (Sprigg, 2014, p. 25). It also harms child development by depriving children of a parental role model. Children require mother and father figures to develop a balanced and stable personality (Blankenhorn, 2012, p.18).

## **Euthanasia and Assisted Suicide**

Euthanasia and assisted suicide are the intentional painless ending of a person's life to alleviate intolerable pain and suffering from incurable illness or irredeemable condition. Britannica defines euthanasia as an "act or practice of painlessly putting to death persons suffering from painful and incurable disease or incapacitating physical disorder or allowing them to die by withholding treatment or withdrawing artificial life-support measures" (Augustyn, 2026). Different countries have different euthanasia laws. The British House of Lords Select Committee on Medical Ethics defines euthanasia as "a deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering" (Harris, 2001 367–70). In the Netherlands and Belgium, euthanasia is understood as "termination of life by a doctor at the request of a patient." (Wayback Machine BBC. 2011). The Dutch law, however, does not use the term 'euthanasia' but includes the concept under the broader definition of "assisted suicide and termination of life on request" (Carr, 2014, P. 374).

Euthanasia is categorised into active euthanasia - the direct administration of a lethal substance to end life; passive euthanasia – withdrawing life-sustaining treatment to allow death; and assisted suicide - providing one the means to end one's life. It can be voluntary when a person wishes and gives consent or non-voluntary when the person is not in a position to give consent. Advocates of euthanasia argue for the right of individuals to decide to die with dignity in cases of terminal illness, but opponents hold that on no account should anyone decide to end their lives because they are not the author of their lives (Dowbiggin, 2003). Legalising euthanasia may lead to abuses and unwarranted termination of life in the face of difficulties. According to the slippery slope theory, this may lead to the euthanasia of vulnerable groups like the elderly and disabled becoming more commonplace (Kass, 2002).

By the early 20<sup>th</sup> century, the act of euthanasia was generally seen as murder, as there was no legalisation of euthanasia in most countries. The organised movement for the legalisation of euthanasia began in England in 1935, when C. Killick Millard founded the Voluntary Euthanasia Legalisation Society (later called the Euthanasia Society). The society's bill was defeated in the House of Lords in 1936 and again in 1950. The Euthanasia Society of America in the USA was founded in 1938 (Augustyn, 2026). But by the 21<sup>st</sup> century, there is a rising number of Western countries, such as the Netherlands (2001), Belgium (2002), Canada (2016), and Spain (2021), legalising euthanasia under serious medical conditions.

## Implications Of Anti-Life Choices

### The Impact of Anti-Life Choices on Europe

The utilitarian libertarian individualism trending in Europe prioritises individual interests above societal stability. Its emphasis on maximum individual autonomy, liberty, and well-being, without adequate attention to the dignity of human life and the individual's responsibility for the sustained existence of human society, leads to some anti-life choices. It has the consequences of disregard for the premium dignity of human life, commodifies human life as goods, low birth rate, weakens family integrity, threatens the life of the weak and aged, and leads to depopulation. Many European countries are now facing depopulation with a diminishing workforce to sustain society and support their ageing population. They have had a low fertility rate below 2.1 birth replacement level since the 1970s, adversely affecting their demography (European Commission, 2025). Asian and Africans with growing populations are migrating to Europe to provide manpower, taking over the society and gradually replacing European culture with theirs. Arab Muslims are now demanding the implementation of theocratic Sharia laws against European liberal democracy in parts of the United Kingdom.

### The Implications of Anti-life Choices for Africa

Although we cannot claim that all African communities adhere to the same ethical standards because of the diversity of African cultures, there are some remarkable similarities in their fundamental ideas, values and challenges. (Mbigi, 2005, p. 75). Africa has the challenge of a population explosion, poor healthcare, a high rate of maternal mortality, and poverty that adversely affect the quality of life. The pro-choice advocates legalisation of anti-life choices like abortion, contraception, gay marriage and even euthanasia as progressive solutions for population control, maternal mortality, poverty and severe suffering. The 2003 Maputo Protocol championed women's autonomy and rights in determining their reproductive life, giving vent to the use of contraception and the procurement of abortion in cases of rape, incest and danger to the mother's health. 42 of 55 African countries have signed the protocol.

According to Guttmacher Institute (2018), between 2010 and 1914, "an estimated 8.2 million induced abortions occurred each year" in Africa. "The annual rate of abortion is an estimated 34 per 1,000 women of reproductive age (15 – 44)." "The abortion rate is roughly 26 per 1,000 for married women and 36 per 1,000 for unmarried women." 15% of all pregnancies in Africa end in abortion. Many women in Africa undergo unsafe abortion, leading to a high level of health complications and fatalities. About 75% of abortions in Africa are done through unsafe procedures. "In 2012, nearly seven per 1,000 women of reproductive age in Africa were treated for complications from unsafe abortion. In all, about 1.6 million women in the region are treated for such complications each year" (Guttmacher Institute, 2018). Africa records the highest rate of abortion related deaths in the world. It had at least 9% of maternal deaths in 2014. The pro-choice campaign for the legalisation of abortion in Africa to help women seek professional healthcare in abortion procedures and reduce the number of clandestine procedures. They also advocate for contraception to prevent unwanted pregnancies, claiming that most women who go for an abortion do so because they have an unintended pregnancy. "An estimated 21.6 million unintended pregnancies occur each year in Africa; of these, nearly four in 10 (38%) end in abortion" (Guttmacher Institute, 2018).

African countries like Cape Verde, South Africa and Tunisia have legalised abortion for the first trimester (12 weeks) of a pregnancy. Zambia permits abortion for the mother's physical and mental health and socioeconomic reasons. Some countries allow abortion in cases of rape, incest and foetal abnormality, while many other countries restrict abortion to cases of preserving the mother's health.

The very concept of abortion conflicts with the African deep reverence for human life and a responsible sexual life. Abortion may only be tolerated to preserve the mother's life and not to protect an individual's interest. Procreation and children are seen as sacred blessings and communal assets in the sustenance of society. Wilful termination of human life, be it of a foetus or a child, is a taboo, and it is inimical to the growth of society. It is a moral responsibility of a woman to nurture a life that grows in her womb, which she enjoyed as a foetus in her mother's womb. Pro-choice emphasis on individual autonomy and freedom to decide the use of one's body neglects African communal responsibility and sustenance of society. Traditional African values advocate a responsible sexual life that enhances the dignity of life and the integrity of human sexuality.

Africa's acceptance of contraception is on the increase, with the popularisation of modern contraceptive methods to improve maternal health, empower women, plan family size and population control. According to the 2020 Family Planning Report, the use of contraception in Africa between 2012 and 2020 increased by 66%. In Central and West Africa, it has doubled, driven by government support policies, sensitisation on reproductive healthcare, an expanded supply chain, and cultural value shifts (Schwikowski, 2021).

Contraception is condemned in many African cultures because it is believed to undermine the traditional moral dignity and integrity associated with sexual intercourse and encourage sexual promiscuity. Irresponsible sexual acts are among the traumatic practices that wreck relationships and family bonds. It shatters foundational trust, causes severe emotional trauma, disrupts mental health, creating anxiety and depression, destroying intimacy and causing significant long-lasting damage to family stability and individual self-esteem. African culture opposes innovations that expose to irresponsible sexual relationships. Sensitisation for contraception may also expose the underage to sexual adventures that may lead to social and psychological destabilisation and ruin their future.

Some libertarian pro-choice groups advocate LGBTQ+ rights and marriage in Africa, terming it progressive in respecting human dignity and individual autonomy. Except for South Africa, which legalised LGBTQ+ practices and marriages in 2006, other African countries condemn it, and some go further to criminalise it. In Nigeria, same sex acts are criminalised with up to 14 years imprisonment and even the death penalty in some northern parts under Sharia law.

Most Africans condemn same-sex sexual relationships as a perversion and not a natural sexual orientation. Persons with such orientations should be treated as sick and assisted to reorient. The orientation should not be encouraged and institutionalised because it is unnatural and inimical to the sustenance of society. Same-sex marriage does not align with the integrity of familyhood, which is a union of the two complementary aspects of human nature (male and female) open to procreation and self-replenishing.

Euthanasia is illegal across Africa, with most countries treating it as homicide and punishable by at least life imprisonment, as in Nigeria. No African country currently legalises or decriminalises physician-assisted suicide or euthanasia. DignitySA in South Africa is campaigning for the legalisation of euthanasia in South Africa and threatening to challenge its criminalisation in court on constitutional grounds of human rights and autonomy.

Euthanasia is another aspect of the anti-life pro-choice movement that over-stretches individual autonomy and well-being. It also conflicts with African reverence for life and life's indeterminant twists. African culture encourages perseverance and religious submission to life's fate. Life for African culture transcends materialistic utilitarian values and calculations. It is a mystery that should be allowed to play itself out.

These anti-life practices are often rejected in Africa due to strong religious, cultural and communal values that emphasise the sanctity of human life, human interdependence and care for one another. The individual is not isolated in society. Its autonomy and liberty should be integrated into society's values and well-being.

### **Way Forward for Africa**

The Western world has a significant influence on contemporary African traditions and values, leading to a shift from African values to Western ideology. The pro-choice campaign for maximum individual autonomy and liberty without societal control, especially on anti-life choices for development in Africa, needs re-evaluation in the light of African reverence for human life, family integrity, communal values, cultural heritage, and sustenance of society. Pro-choice ideas lead to individualism that undermines the foundation of African communal society. A person is a being-with-others in society. One's life is not isolated, but intertwined with that of others. One's actions affect society, and society provides opportunities and meaning to one's life. The autonomy and rights of the individual are secured by society and should be expressed within the context of societal values. African family and community values must be strengthened to withstand the destructive effects of Western libertarian ideologies. According to Archbishop Fulton Sheen, "the greatest threat to world peace is the destruction of the family" and community life (Sheen, 1947, p. 23).

Africans must be educated about the implications of anti-life decisions, such as their physical and emotional costs, their health implications, and their threat to the sustenance of society and their values. Anti-life policies could be genocidal (King, 2014, p. 15), irrespective of the fact that they may ease immediate human suffering. The difficulties of life provide opportunities for a meaningful life. How a person confronts challenges defines the person's identity. Africans must critically evaluate the negative impacts of pro-choice libertarian anti-life choices on demographic destabilisation and the sustenance of Western society, where it is popular. The growth of population is not the main problem of African socioeconomic hardship, as Western countries portray, but the poor management of human resources. Population growth provides manpower that needs to be mobilised and economically engaged to overcome poverty. China has been able to pull over 800 million people from poverty within 40 years through sustained targeted people-oriented development policies and infrastructure investments. Africa requires an inclusive socioeconomic system that would economically empower families and provide affordable basic needs. Such a system should provide affordable education and productive skill acquisition opportunities, and efficient healthcare. The pro-choice libertarian drive for individual autonomy, prioritising individual interest above society, leads to capitalist exploitation of society for self-indulgence and a non-inclusive social economy. The exploitative, non-inclusive capitalist socioeconomic system introduced during colonialism in Africa creates the socioeconomic inequality and abject poverty experienced in Africa.

Healthcare reform is very necessary. African healthcare systems must prioritise life-affirming and reproductive healthcare that upholds human dignity. According to Robert Walley, "The most effective way to reduce maternal mortality is to provide access to good obstetric care, not to promote abortion" (Walley, 2015, p.18). African healthcare systems must be upgraded to deliver high-quality treatment that respects human life.

Most Western influences on Africa come through grants. Africa must minimise its reliance on Western funding and influence while increasing economic development and self-sufficiency. Dambisa Moyo observes, "Aid is not a panacea for Africa's problems; in fact, it may even be a major contributor to the continent's woes" (Moyo, 2009, p. 10). Africans must be empowered to devise their own socioeconomic solutions, free of Western intervention.

Political sovereignty is also necessary. Africa must assert its political autonomy and oppose Western pressure and influence that threaten African ideals and autonomy. According to Kwame Nkrumah, "The independence of Africa is not a distant dream; it is a necessity" (Nkrumah, 1963, p. 15). Africans must prioritise their own political and socioeconomic interests and values while engaging in international collaboration. African-led healthcare research and innovation must prioritise life-affirming technologies and therapies that align with African values. Mwangi Mwangi writes, "African scientists must take the lead in developing solutions that respect African values and dignity" (Mwangi, 2020, p. 15).

Community cooperation is also essential. African communities must create a network of care and support for individuals in need of making life-affirming choices. As Alveda King points out, "the black community must come together to resist the genocidal act of abortion" (King, 2014, p. 18). Archbishop Desmond Tutu observes, "The sanctity of life is a fundamental principle of African culture" (Tutu, 2011, p. 12). Africans must stress values and principles that respect human life and dignity while avoiding the destructive impacts of Western ideas.

## CONCLUSION

Anti-life choices like abortion, contraception, LGBTQ+ and gay marriage, and euthanasia and assisted suicide, propagated by pro-choice advocates, conflict with the traditional African sacred values for human life and procreation. The pro-choice position is informed by its emphasis on maximum individual autonomy and liberty, which conflicts with African community life based on mutual interpersonal care and support. The pro-choice claims that anti-life choices are progressive solutions to the challenges of high maternal mortality, women's empowerment and poverty in Africa, need to be critically examined as they relate to African cultural values, reverence for human life and sustenance of a virile society. An evaluation of the impact of anti-life policies on Western countries, where they are prominent, on sustaining society's viability shows that the policies have negatively affected Western countries' regard for the dignity of human life, reducing it to the status of a

commodity; and the demography, dwindling replenishment of manpower to sustain the ageing population and society, due to low birth rate.

Africa does not need to take the same path. Its development and well-being can be improved through commitment to an inclusive social economy that prioritises the affordability of the basic needs of the people. This will require affordable, efficient education and productive skill acquisition opportunities for the population to be resourceful and overcome poverty, as well as essential socioeconomic infrastructures and robust healthcare facilities. Responsible sexual life should be encouraged along with pro-life policies that dignify human life and society's sustenance to solve societal challenges, rather than anti-life policies. Based on its cultural heritage, Africa should be mindful of its community's cooperative mutual care values, prioritise life-affirming healthcare, encourage economic empowerment, assert political and economic autonomy and engage in international collaboration that respects African values and interests.

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