

Human reproduction: Right, duty or privilege? South African perspective

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There is a great need for responsible parenthood in a country such as South Africa (SA), where the vast majority of pregnancies are unplanned and unwanted, and a large proportion of children experience abject poverty. Human reproduction is a complex issue, and there are numerous reasons why humans want and need children. These can be placed into two broad categories: reproduction is the result of our pre-intellectual 'nature' (instinct); and secondly, it satisfies social and personal needs. Reproductive choice is a human right that our membership of the human race inalienably entitles us to – indirectly guaranteed in the SA Constitution. At a social level, it may be argued, though not very convincingly, to be a duty, while the contra-duty not to procreate is more compelling, when having more children may overburden already large and needy families and lead to child neglect. In contemporary society, reproduction should be argued as a privilege. This opens the door to responsible parenthood. In a country such as ours, there is a particular need to balance reproductive rights, social needs and responsibility.

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The purpose of this article is to evaluate three possible motivations to human reproduction: that it may be a right, duty or privilege. Although arguments may be made in favour of the first two notions, the more convincing argument is that it should be seen as a privilege. Argued thus, the door is opened to the notion of responsible parenthood, which should be *sine qua non* to human reproduction.

Why do humans procreate?

Individual pregnancy is often incidental, something that 'happens'; in South Africa (SA), as I shall point out later, it is frequently unplanned, and often unwanted and not within our means. Nevertheless, when a man and a woman enter into intimate relations without effective contraception, pregnancy is often the natural outcome. The sad reality is that in SA, pregnancy is sometimes the result of rape, in which case the burden of an unwanted pregnancy exacerbates the harm done to the woman, and acts as a constant reminder. However, this article is limited to procreation involving consensual participants.

There are many motivations to having children, including:^[1]

Personal needs: humans long to experience an idealised expected family life filled with joy and love, and may want to perpetuate personal childhood experiences. They experience a need to create, nurture, rear and form small beings, and may want them to experience life's blessings, while reliving their own. They have a need to give and receive unconditional love, to add meaning to their own lives, and/or to correct mistakes made by their parents.

Familial and societal duty, tradition and inheritance: prospective parents may experience pressure, or feel a duty or the need to perpetuate the family name, title and traditions. Inheritance may be important, particularly for the social elite, extremely rich and royal.

Consider, for example, the importance of 'royal babies' to the British monarchy and public.

Social pressure: in both traditional African and contemporary societies, parenthood remains associated with social status.

Blessings: traditional African communities see children as particular blessings because they are expected to share the workload of ageing parents. Ancestors have an important metaphysical role in society and are 'created' through rituals performed by their children. 'Blessing' is the most common traditional second name for both girls and boys in SA.

Human nature: reproduction is the most fundamental natural urge of any animal species. Sexual attraction and satisfaction are the natural enticement to (sexual) reproduction and, in ways not altogether clear, to evolutionary adaptation, improvement and survival as a species. To have children is therefore the instinctive perpetuation of what humans did in their natural state, without forethought. Effective contraception has uncoupled sex and reproduction, but many developing societies have not shared in this boon, and many 'incidental' pregnancies ensue. In these societies in particular, sexual intercourse seldom occurs with reproduction in mind. A significant motivation to reproduction is therefore that there is no motivation – reproduction is the unplanned result of instinctive action. Where reasons are offered, they satisfy personal or familial needs.

We are thus biologically and socially programmed to procreate. We will have children, irrespective of whether they are wanted, planned or affordable, or whether their needs can be met. On an individual level, the quality of life of future children is a rare consideration. Developed societies characteristically tend to limit family size, and in developing societies low fertility rates may be a marker of social advancement. Limiting family size allows women to participate

more freely in societal socioeconomic activity, raises living standards, predisposes to optimal nutrition and care for the children people can afford and improves the future prospects of children through improved access to education. Public health and socioeconomic advantages of limiting population growth include lower infant and child mortality, and lessening the burden on the state.

This article was prompted by reflection on the validity of rights and duties as justifications to reproduce. The article juxtaposes these notions with seeing reproduction as neither a right nor a duty, but as a privilege. There are important socioeconomic factors that may influence how reproduction is perceived – as right, duty or privilege. Our perception of reproduction may in turn determine whether we are responsible parents or not. The most promising approach to responsible parenthood is to argue that reproduction should be seen as a privilege.

Reproduction as a right

The word 'right' is often used loosely, without consideration for its underlying conceptual meaning. Conceptually, rights only have significance within the confines of right-obligation relations, which may at times exhibit some characteristics of agreements or contracts. The most important distinctive is that one party may be entitled to certain actions or goods because another party accepts the realistic obligation of providing those goods. Rights can only be realistic if they are enforceable, and they can only be enforceable if a legal person or entity accepts the obligation and has the wherewithal to honour the right in question. Outside of these confines, any statement or declaration of rights is meaningless.

If reproduction is to be seen as a right at all, it would have to be argued as an inalienable natural human right – a right that we are entitled to by nature of our membership of the human race. But neither nature nor any other entity can guarantee that we become parents. So this right should be reframed: not as a right to reproduction but to reproductive autonomy – to choose to become parents or not. Even the right to choose may not be absolute. Much has been written about non-therapeutic hysterectomy as a measure to handle menstrual hygiene in women with mental disability, which has the 'unintended' consequence of sterilisation, and may be a violation of these women's reproductive rights and autonomy because informed consent is absent or questionable.^[2]

Human rights may be protected by convention or mutual agreement, such as in the social contract described by John Locke.^[3] In Locke's conception, human beings in their 'natural state' will do whatever is necessary to protect themselves, their families and their property. Once socialised into communities, they voluntarily cede that right (according to Locke, the only concession made) to the communal societal structure with its communally generated customs and laws. In return for making other contributions to society, no least taxation, members earn certain rights to protection, and the community accepts the obligation to honour and protect individual rights per its customs and laws and through its structures. Contemporary democracies go one step further and protect human rights by legal or constitutional guarantee. A prototype human rights declaration was the 1215 *Magna Carta (Libertatum)*, which enshrined, for example, the right to liberty in English law.^[4]

Human rights are firmly ensconced in the SA Constitution. The preamble to chapter 2, the Bill of Rights,^[5] centralises human rights

in our democracy, and instructs the state to honour and advance those rights through appropriate legislation and other means:

'Rights

7. (1) This Bill of Rights is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.

(2) The state must respect, protect, promote and fulfil the rights in the Bill of Rights.'

It may surprise some that the right to procreate is not directly addressed in the Bill of Rights. Presumably, reproduction is seen as such a basic human activity, as much so as breathing and eating, that it would be superfluous and somewhat ridiculous to protect it by means of legislation.

There is indirect reference to a right to procreate in the right to access to reproductive healthcare:

'Health care, food, water and social security

27.(1) Everyone has the right to have access to— (a) health care services, including reproductive health care;

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.'

These and all other human rights described in chapter 2 are furthermore enhanced by clause 33.(3) calling for the enactment of appropriate legislation to enable these rights, thereby fulfilling the rights-obligations criterion:

'Just administrative action

33.(3) National legislation must be enacted to give effect to these rights, and must— (a) provide for the review of administrative action by a court or, where appropriate, an independent and impartial tribunal; (b) impose a duty on the state to give effect to the rights in subsections (1) and (2).'

Furthermore, although its aim is to legislate for female abortion rights, the Choice on Termination of Pregnancy Act No. 92 of 1996^[6] also 'protects the right of persons to make decisions concerning reproduction' (my emphasis in italics):

'PREAMBLE

Recognising the values ... the advancement of human rights and freedoms which underlie a democratic South Africa;

Recognising that the Constitution *protects the right of persons to make decisions concerning reproduction* and to security in and control over their bodies;

Recognising ... that women have the *right of access to appropriate health care services to ensure safe pregnancy and childbirth*;

Recognising that the *decision to have children is fundamental to women's physical, psychological and social health ...*

Recognising that the *State has the responsibility to provide reproductive health to all ...*^[6]

The only rider to constitutional admonishments is 'available resources.'^[5]

There is thus sufficient evidence that choice in reproduction is a constitutionally protected human right, and its execution lies solely within the subjective judgement of the woman. Simultaneously, this is a right that has been and is being abused and thwarted up to the present

time. Much has been done to further safe reproduction in, for example, the prevention of mother-to-child transfer of HIV. But our unacceptably high and preventable stillbirth, and maternal and neonatal mortality rates underline the fact that the above aims are not being met.^[7] Thus, for many unfortunate women, this right is without meaning.

However, the right to reproductive choice should be balanced by another equally important right. Section 28 of the Bill of Rights, entitled 'Children', states that every child has specific rights that the parent or legal guardian is legally bound to honour, including the rights:^[5]

- to family care or parental care, or to appropriate alternative care when removed from the family environment
- to basic nutrition, shelter, basic healthcare services and social services
- to protection from maltreatment, neglect, abuse or degradation
- to protection from exploitative labour practices
- to not be required or permitted to perform work or provide services that are inappropriate for a person of that child's age, or that risk the child's wellbeing, education, physical or mental health or spiritual, moral or social development
- to be treated in a manner, and kept in conditions, that take account of the child's wellbeing
- to not be used directly in armed conflict, and to be protected in times of armed conflict.

Furthermore, other instruments of law guard children's rights, including:

- the Child Care Act No. 74 of 1983,^[7] which makes it a criminal offence if a person who is responsible for caring for a child does not provide the child with clothes, housing and medical care
- the Basic Conditions of Employment Act No. 75 of 1997,^[8] which makes it illegal to employ a child under the age of 15
- the Domestic Violence Act No. 116 of 1998,^[9] which defines different forms of domestic violence and explains how a child can get a protection order against the abuser
- the Films and Publications Act No. 65 of 1996,^[10] which protects children from exploitation in child pornography.

Citizens' freedom of choice in reproduction is therefore limited by constitutional and legislative measures aimed at child protection. In addition, the complex social dynamics within which sexual relations operate and consequent pregnancy occurs, the fact that many SA women are vulnerable and have little choice and the fact that access to family planning and abortion services are inadequate combine to limit choice, implying an element of elitism to choice.^[11] There are several historic, recent and ongoing examples in other societies where the 'right to choose' and reproductive autonomy were *de facto* denied: warnings to emphasise how easily reproductive rights may be routed by determined legislators. An estimated 60 000 'socially undesirable' US women were sterilised against their will based on the belief that 'criminality, mental problems and pauperism were hereditary'.^[12] Indiana state eugenics law mandated sterilisation for certain individuals in state custody.^[12] In Virginia, the infamous Carrie Buck (Buck v Bell) case eventually confirmed the constitutionality of enforced eugenic sterilisation. Oliver Wendell Holmes wrote the now infamous 1927 US Supreme Court judgment, concluding that it is a reasonable 'lesser sacrifice' for 'degenerates' to forfeit reproduction:

'The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes ... three generations of imbeciles are enough.'^[13] About one-third of Puerto Rico's female population,^[14] an estimated 70 000 Native American women,^[15] 62 000 Swedish women^[16] and 300 000 - 450 000 'undesirables' of both sexes in Nazi Germany were sterilised against their will.^[17] The Chinese 'one child policy' (1979 - 2015) used both enticements and enforcements to limit reproduction, and resulted in female infanticide and selective gender-based (female) abortions.^[18] India's massive sterilisation programmes – both enforced and voluntary, with inducements – focused on enforced sterilisation of both men and women.^[19]

Enforced sterilisation in SA

A literature search failed to reveal any substantive literature on the topic of enforced sterilisation in SA. From personal experience as an obstetrics intern in 1968, I can vouch that women undergoing caesarean section were on occasion sterilised without their informed consent. Present literature on the topic of involuntary female sterilisation exposes an equally infamous practice – involuntary sterilisation of females who are HIV-positive – apparently prevalent in other African countries as well.^[20] Several recent reports identified a number of HIV-positive women who had been involuntarily sterilised in Gauteng and KwaZulu-Natal Provinces. Moreover, a recent survey of almost 10 500 HIV-positive women revealed that 733 of them – roughly 7% – claimed to have been sterilised against their will. The authors suggest that the practice is widespread – consider that SA currently has about 8 million persons living with HIV (about 60% of whom are female) – and posit these instances as criminal in two respects: assault, and as contraventions of the Sterilisations Act No. 44 of 1998. To date, there have been no prosecutions.^[21] In 2014, three women who claimed to have been coerced into accepting sterilisation during emergency caesarean section procedures were finally vindicated in the Namibian High Court.^[22]

Reproduction as a duty

In many 'traditional' (repressive) or religiously fundamentalist communities, reproduction is regarded as a duty in as much as it is the 'natural' function of the female. In such communities large families are regarded as blessings. Women are indoctrinated from birth, and may come to accept this as their function in life: to be breeding machines. By reproducing they may be satisfying their own need to attain status in the community linked to the size of one's family. But children become workers, girls attract tithes when given into marriage and boys become warriors. Thus large families satisfy needs beyond the immediate and personal. These mothers do not act autonomously, as in the traditional Western conception. In the traditional African communitarian societal model, for example, personal needs are subservient to the needs of the community, and personhood is derived through contributive participation in the communal.^[23] Individual and community are one, and reciprocally constitute each other.

However, *all* societies require a steady stream of newborns, children of various ages, students, professionals and workers to maintain society and its various structures. In order merely to maintain the population, stable societies require that every woman has at least 2.1 children. In all European Union countries fertility rates have dropped – in Malta to as low as 1.14 per woman and in France, to

1.86 (the highest EU figure). Italy is the latest and one of the lowest – at 1.27.^[24] The result is ageing populations, postponed retirement, decreased school and university attendees, workers and professionals, and difficulties in maintaining adequate taxation, services, medical and general insurance solvency and pension payments.^[25] Many developed countries are experiencing shortages of professionals and trained technicians, and are poaching these from less-affluent and developing countries such as SA by offering attractive immigration options. However, it cannot be argued cogently that these societal developments place some sort of responsibility or duty on women in general to procreate adequately to serve the needs of society – a form of social engineering. Modern women, in particular feminists, are likely to oppose this quite vehemently because it would relegate their social status and turn them into incubators, would deny women their hard-fought right to reproductive autonomy and equal place in the sun and would be to their socioeconomic disadvantage. The latter would in turn impact on their independence and autonomy. However, the family dynamics in the traditional African household may regard just this as a woman's role in society, or at least as an important role. The intimate reciprocal relation between individual and society may imply that practically as well as morally, the aims of the individual and the needs of society coincide.^[23] This may include bearing as many children as nature allows.

If society values or 'needs' (more) children, it would be far wiser to respect the reproductive rights of women and to enact measures to make it more attractive for women to become mothers alongside other roles in society. Measures pioneered by Scandinavian states include paternity leave (legislated in many European countries and recently also in SA), rethinking gender roles in households and financial incentives. These may prove to be more effective in the long run.^[24,25]

However, there is no universal acceptance of these progressive values around women's reproductive rights and rights in general. Procreative Christian movements have not dissociated sex from reproduction – a woman's fundamental duty is to have children. Both the influential Roman Catholic Church (RCC) and a variety of fundamentalist evangelical Christian groups take their cue from Biblical verses such as Genesis 1:28:

'And God blessed them. And God said to them, "Be fruitful and multiply and fill the earth and subdue it..."'

The RCC, for example, denounces all forms of contraception apart from safe-period abstention. Nevertheless, Italy and South American countries with large RCC populations have experienced significant decreases in fertility rates, although access to birth control methods and termination of pregnancy services remains problematic.

Psalm 127:3-5 serves as motivation for the American 'Quiverfull' movement:

'Lo, children are an heritage of the LORD:
and the fruit of the womb is his reward.
As arrows are in the hand of a mighty man;
so are children of the youth.
Happy is the man that hath his quiver full of them...'
(King James Version)

This movement, and many like it in other countries, is pro-natalist, and like the RCC, espouses that women have a duty to 'fill up man's

quiver' because children are a blessing from God, and reproduction a direct command. Religious fundamentalism often aims to control women's general and reproductive rights and autonomy,^[26] re-link sex to reproduction and regard contraception as 'unnatural'.

Countering the above pro-natalist and pro-creative philosophies and practices, equally strong but more logical arguments support the exact opposite: that for a variety of reasons, we have a duty *not* to procreate. Examples of these arguments are:

- humans have made no cosmic contribution to the world, if anthropocentric arguments and considerations are excluded
- humanity has had devastating negative ecological effects, reaching a 'point of no return'
- the world is overpopulated as it is; we should not add new burdens
- if we have a need to foster children, we should adopt orphans and children who currently are destitute
- our reasons to procreate are predominantly selfish; selfishness is a vice
- most of us (particularly citizens of developing countries) procreate unthinkingly; pregnancies are predominantly the result of satisfying our sexual needs, not planned.

Opposing critics might say that there is no duty on humans to make a cosmic contribution to the world. As products of evolutionary forces that we hardly understand and do not control, our existence is at best existential; we exist because we exist, not because of some metaphysical grand scheme or ulterior duty. Besides this, we have to accept the realities of our existence and cannot deny anthropological arguments, since as responsible members of the societies we live in, we have societal obligations and duties we cannot refuse. There may be an undeniable link between the number of humans on earth and ecological degradation, but there is a greater link with the way we have decided to live, the large amounts of animal flesh (beef in particular) we consume, our dependence on fossil fuels instead of renewables and our generally consumerist and materialist lifestyle that feeds on abundance. Some areas and cities may be relatively over-populated because of rapid urbanisation, but the world as such is not; there are (rural) areas with few inhabitants and 'settlers' may be attracted to these areas. Effective and readily available birth control could also limit population growth in overpopulated urban areas. Many couples and individuals are adopting children who may otherwise grow up poor and destitute, but it seems hard and unfeeling to deny a couple who are desperate to have their own child, and are biologically and financially able to do so responsibly, the incredible joy of having a child. The ideal should not be not to reproduce at all, but to do so responsibly; having children is not necessarily selfish. Responsible persons satisfy their natural sexual instincts and needs without risking pregnancy.

The above rejoinders notwithstanding, recent statistics indicate that family size is decreasing in all population groups in SA, and some 20% of SA women past childbearing age have never been pregnant. This figure is rising, also among the ethnic black majority. Although there may be other reasons, for many this is a question of choice, and their anti-natalism the ultimate expression of reproductive freedom and autonomy.^[27]

Societal and state interventions to limit family size and population growth may also be argued as responsible husbandry. There is no doubt a need to do this, particularly in developing societies,

since individuals can only advance through adequate nutrition and access to healthcare services, good schooling and vocational training. It is precisely in these societies that large families are common, through denial of access to effective family planning and abortion services, and thus the vicious cycle of poverty and large, poor families perpetuates. The distinct moral duty to care for existing children should trounce all perceived duties to procreate. Interventions should be carefully planned and morally acceptable – the Indian and Chinese examples cited earlier were not.

Reproduction as a privilege

The World Health Organization defines infertility at clinical, epidemiological and demographic levels as an inability to become pregnant spontaneously within 1, 2 or 5 years of regular, unprotected sex.^[28] The respective global prevalence is 20.2, 12.8 and 9.2%. These often desperate infertile couples may argue that having children is a privilege. However, it is questionable whether the majority of South Africans see reproduction as a privilege, as borne out by the high prevalence of unplanned and unaffordable pregnancies:

- In 62% of registered births, there was no reference to a male parent on the birth registration form.^[29]
- In the 2012 Statistics SA General Household Survey, only 36% of SA children lived with both parents, though 93% had both parents still living; 19% of children lived with neither of their biological parents. Many children – 43% – grow up in single-parent (maternal) households.^[30]
- Two-thirds of <6-year-olds live in the poorest 40% of SA households, and one-third suffer from malnutrition.^[31]
- 78% of children aged <6 years in KwaZulu-Natal Province live in poverty; in Limpopo, the figure is 74%.
- The infant mortality rate remains unacceptably high in SA, at close to 30/1 000 live births.
- A 2016 Statistics SA report showed that 27% of SA children are developmentally stunted, 10% severely.^[32]

Living in such dire straits is hardly conducive to regarding pregnancy as a privilege; living standards must change before mindsets change. Ironically, though, limiting family size is a strong driver in improving living standards. The examples above support the argument that in these instances, reproduction was irresponsible. We should nevertheless not be judgemental, since many of these parents have little control over their lives, are often desperately poor and are socially marginalised.

Also prevalent in SA is the devastating dilemma of ‘children-having-children’ – teen and learner pregnancy. In one study, 20% of SA 18-year-olds acknowledged ever having been pregnant.^[33] For these mothers, parenthood is not a privilege but the consequence of irresponsible sexual activity, though I appreciate the social dynamics within which these activities often occur. Teen pregnancies may have a number of negative consequences for mother and child:^[34]

- cessation of schooling: only one-third of pregnant learners return to school, and only one-third of them complete grade 12
- physical health: higher prevalence of complications during pregnancy, confinement and post-partum
- for the fetus: higher incidence of intra-uterine and perinatal complications, and stillbirth

- for the neonate: higher prevalence of neonatal and infant death, and suboptimal care and neglect
- psychological complications: prevalence of postnatal depression twice that in the older age group, and more likely to persist into adulthood; management of fear, denial, anger, remorse and bereavement after termination or stillbirth; feelings of inadequacy due to unpreparedness for parenthood
- repeat pregnancy: 49% of these children/young women fall pregnant again within the ensuing 2 years
- increased vulnerability for force and abuse in (sexual) relations, risky sexual activity and drug abuse, *inter alia* leading to fetal alcohol spectrum disorders
- association of risky sexual behaviour with sexually transmitted disease, particularly HIV/AIDS, is regarded as a more significant healthcare problem than pregnancy (13% of 15 - 19-year-olds and 24% of 20 - 24-year-olds attending antenatal clinics tested HIV-positive during 2013)
- teen pregnancy enhancing fertility across the full future duration of a woman’s fertile years (the fertility curve is transposed to the left), thus predisposing to bigger families with marked personal and societal socioeconomic impact
- teen pregnancy as an indicator and probably also cause of adolescent delinquency, sexual permissiveness and general moral decay.

In agreement with sub-fertile couples I argue that reproduction should be seen primarily as a privilege, less as a right and even less – hardly – as a duty. Unfortunately, socioeconomic circumstances often determine that parenthood is none of the above; in fact, very often, just another burden. Nevertheless, the fact that ‘Blessing’ is such a common second name implies that ‘unplanned and unwanted’ do not necessarily equate to unloved.

Responsible parenthood

The first step towards responsible parenthood is that we undertake sexual activity with responsibility, and take full responsibility for the consequences when pregnancy results. At times this might indicate having an abortion if we are unable to adequately care for our offspring, or unable to accept adoption as an option, or if pregnancy is irreconcilable with a woman’s present life. We have natural, moral and legal duties to adequately care for our offspring in the fullest sense of the word – at least as set out in section 28 of the Bill of Rights.

Linked to the above, we should consider the probable quality of life of the child we intend to produce, and evaluate our personal social and economic environment before contemplating pregnancy: is it conducive to rearing a child in a manner commensurate with section 28 of the Bill of Rights? If not, we are not responsible parents, and should reconsider. This does not imply anti-natalism or ultimate elitism – that only the rich should procreate (ironically, they tend to limit their reproduction) – or that affluence is essential for a fulfilling and happy childhood. However, I do argue that families should be limited to the extent that parents can care for their child/children and provide him/her/them with the best possible future. Radical social engineering as practised in China and India are incompatible with contemporary notions of democracy and human rights. The state nevertheless has a responsibility: to intervene by designing and initiating programmes to promote responsible parenthood within

social development – something apparently totally absent in our current planning.

Though the dynamics are quite complex, large families in lower socioeconomic sections of the population tend to predispose to increased poverty, while the reverse is also true: poor families tend to be large. Teen pregnancy and childbearing are associated with poverty.^[34] There is also a direct relationship between teen pregnancy, poverty and criminality, though other factors – the importance of religion in a community, the prevalence of stable, caring households – also come into play. As a very general comment, postponing parenthood and limiting family size are important strategies to socioeconomic improvement.

The parents or caregivers of more than 12 million SA children (2017 data) received state child support grants amounting to ZAR420 (as from October 2019, ZAR430) per month – an annual total in excess of ZAR62 billion.^[35] For the present, these grants, small as they are (under the lower poverty line), are socially justified and necessary; yet responsible parenthood would eventually impact on this immense budgetary drain.

Because of the complexity of underlying socioeconomic factors that fall beyond the scope of this article, it would be simplistic to argue that responsible parenthood can remedy the ills described above. It can at best be seen as an ideal to strive towards, as a marker of socioeconomic development and the achievement of a certain level of development. It cannot be cherry-picked and preferentially developed outside of general socioeconomic upliftment, which should be the aim of every decent society.

Conclusion

The way in which humans perceive reproduction influences the way in which they parent, i.e. responsibly or not. While society and/or the state regulates many human activities, it does not directly attempt to regulate reproduction. There are exceptions to this statement, some historic and others current. Yet providing for the needs of growing populations is a prime function of the state, particularly in developing countries. In SA, for example, children (under 18) constituted more than one-third of the population in 2014, almost half of them 0 - 6-year-olds.^[36] Immense pressure on housing, schooling, medical care and employment will ensue as these children develop into adulthood. The state therefore has a schizophrenic dilemma: it needs a continued influx of new citizens at all levels, children attending school and university to become workers, technicians and professionals to support and develop society and the economy; yet at the same time it needs to limit population growth. Each child should matter, and the possibilities inherent to each should be optimally developed. Family planning services should be a cornerstone to attain the latter. But so, too, should the development of the notion of responsible parenthood be an expression of responsible citizenship.

Reproductive choice is a natural and liberal right, but it must be tempered with responsibility to produce only those children that we can care for, and our legal and moral obligations towards the children we have.

Within strict confines, reproduction may be a personal duty, but it must be tempered with a more convincing *contra* duty – the duty not to procreate irresponsibly.

Societies should ideally see reproduction as a privilege, and procreate responsibly – though the harsh reality for many South Africans is a life of poverty and deprivation, in which pregnancy is not seen as a right, duty or privilege – it simply is. Socioeconomic upliftment and advancement will hopefully in time change how people think and perceive of reproduction. Difficult as this may appear to be in the present sociopolitical climate, particularly with the added challenges of the COVID-19 pandemic, all momentous voyages start with the first tentative small steps.

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