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1. The Infertility Problem in Egypt

Infertility: A Woman's Problem

In Egypt, infertility, or the inability to conceive, is a devastating problem for women, who attempt to rectify their socially tenuous situations by becoming pregnant and delivering a child. Yet, for many, pregnancy is not achieved easily, and in an attempt to facilitate conception—thereby overcoming the stigma of childlessness and solidifying their destabilized marriages—infertile women in Egypt usually embark upon a "quest for therapy" (Janzen 1978) involving remedies of quite disparate origins and natures. It would not be overstating the case to suggest that this "search for children," as Egyptian women themselves call it, is a near-universal phenomenon for infertile Egyptian women of all backgrounds—ethnic, educational, locational, social class, and so on. So powerful is their desire to have children and so mighty is the force of social pressure that comes to bear upon them that many infertile women may risk all that they have, including their lives, in the quest for conception.

This pilgrimage for pregnancy, a reproductive quest that shares many of the features of other instrumental, healing pilgrimages (Morinis 1992), is the subject of this book. In the preface, we follow the conceptive quest of Hind, an infertile Egyptian woman of the urban lower class, whose peripatetic pilgrimage from doctor to healer to holy site is in some ways typical of those of her fellow sufferers and therefore serves to illustrate many of the themes to be explored further in the chapters that follow. Most important, Hind's case demonstrates that in Egypt infertility is essentially a woman's problem. Not only are women typically blamed for the reproductive failing, but they must bear the burden of overcoming it through a therapeutic quest that is sometimes traumatic and often unfruitful. Furthermore, women face the tyranny of social judgment regarding infertility, for they are cast as being less than other women, as depriving their husbands and husbands' families of offspring, and as endangering other people's children through their uncontrollable envy.

Among the urban poor, who are the focus of this book, infertile women's greatest immediate threat comes from husbands, who have the right under Islamic law to replace an infertile wife through outright divorce or polygynous remarriage. Such replacement is usually urged by husbands' extended family members, who view a wife who thwarts her husband's procreativity as, at best, "useless" and, at worst, a threat to the social reproduction of the patrilineage at large. Thus, in Egypt, infertile women tend to face tremendous social pressures, ranging from duress within the marriage, to stigmatization within the extended family network, to outright ostracism within the larger community of fertile women.[1] Indeed, of all of the types of persons that one could be, there are very few less desirable social identities than that of the infertile woman, or *Umm Il-Ghayyib*, "Mother of the Missing One," as Egyptians are apt to call her, giving this particular identity all of the classic features of a stigma. Goffman (1963:3) defined a stigma as "an attribute that makes [her] different from others in the category of persons available for [her] to be, and of a less desirable kind — in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. [She] is thus reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive."

In urban areas of Egypt, the overarching emphasis on the importance of motherhood and the resultant stigmatizing effect of infertility are also intimately tied to recent, rapid rural-to-urban migration and the accompanying loss of women's other productive roles in the household economy. In the poor, urban, *baladī* neighborhoods to be described in Chapter 2, women spend much of their time indoors in apartments that often consist of only one, incommodious room. There, children are their primary concern and the focus of their daily activities. For infertile women, however, daily existence often revolves around cooking, eating, listening to the radio or television, and sleeping. Many infertile women complain that their lives are "boring" and "unaccomplished," and they sense, too, that their husbands are dissatisfied with the monotony of a childless household.

Yet, among poor urban women, alternatives to motherhood and domesticity are largely absent. Women's work outside the home is viewed by many poor urban Egyptians, and especially by men of this social class, as "shameful" and degrading to women as well as to their husbands, who are seen as poor providers when their wives must venture into the outside world of wage labor. Thus, most women, influenced by their husbands' perceptions, prefer to remain *sittāt il-bait*, or housewives, an occupation

that poor women generally do not question. However, when children are absent from the household, an infertile housewife remains "unoccupied"; without children to bring "joy to the home" — and, by extension, the marital relationship — women lead lives that are marked by loneliness, isolation, and deepening states of depression and despair.

Furthermore, most Egyptian women are unable to fulfill their motherhood needs through adoption, a solution to infertility that is found throughout much of the non-Muslim world. Islam disallows adoption, although it specifies in great detail how orphans are to be treated (Esposito 1982, 1991). The permanent, legal fostering of abandoned infants who do not assume their foster fathers' name *is* available in Egypt. However, among most poor Egyptians, such permanent fostering of illegitimate or otherwise abandoned children — which, for all intents and purposes, is tantamount to adoption as it is known in the West — is unacceptable for a host of cultural reasons (Inhorn n.d.).

Thus, biological parenthood — having a child of one's own — is the only tenable option for most poor urban Egyptians. However, the "biology" of parenthood in Egypt can be seen to vary considerably from that which most Westerners assume to be universal. Instead of a child "belonging" equally to both parents — who, in the duogenetic theory of procreation found in the West, are seen as contributing equally to the hereditary substance of their offspring — children in Egypt are seen by many poor urban adults as being "created" primarily by their fathers. In other words, in the popular, monogenetic theory of procreation found throughout Egypt, as well as in Turkey (Delaney 1991) and perhaps many other parts of the Middle East, men are seen as creating preformed fetuses through spermatogenesis; these fetuses are then carried in men's sperm, or "worms," as sperm are referred to among the urban poor, to women's wombs through the act of sexual intercourse. In other words, if men's "worms carry the kids," as Egyptians are apt to put it, then women's wombs are seen as mere vessels, or receptacles, for men's most essential, substantive input.

This monogenetic theory of procreation, which will be elaborated in greater detail in Chapter 3, has multiple implications for gender relations in contemporary urban Egypt (Inhorn n.d.). In Egypt, patriarchy — or relations of relative power and authority of men over women, which are institutionalized on many societal levels and maintained through mechanisms of male domination and control — can be seen to be legitimated in large part by the perceived procreative potency of "patriarchs," or men whose familial supremacy comes by virtue of their fatherhood. Among the

Egyptian poor, fathering is more than a social act, for it involves what many view as the exclusive biological act of creating the lives of one's children.

As Delaney (1991) has so forcefully argued, monogenetic theory also receives substantial symbolic support from the three major monotheistic religions, Judaism, Christianity, and Islam, which arose in the Middle East. In the cosmologies of these religions, the universe and all earthly life are ultimately created by a male God. In Egypt and other parts of the Muslim world, the creative power of Allah, the one God, who is gendered male, is symbolically associated with the procreative powers of earthly males, whose ties to the divine are apparent in the realm of religious practice.

Thus, in this androcentric procreative scenario, Egyptian women are strictly marginalized as reproducers, and the products of their bodies are even seen as polluting to men and the fetuses that men create. Moreover, women are blamed for endangering masculine procreativity by virtue of wombs that fail to facilitate this most important act of male creation. Given that men are seen as engendering offspring, it is certainly ironic that women are blamed for failures in the reproductive realm. However, as will be described in detail in Chapters 3 and 8, women's reproductive bodies are seen as more complicated than those of men and, hence, more prone to mechanistic failures of the "reproductive equipment." Although the dissemination of biomedical knowledge through the advent of semen analysis in Egypt has led to widespread recognition that men, too, may be infertile because of "weak worms," most Egyptians see women's reproductive bodies as the site of numerous potential problems, a view that has been perpetuated by Western-based biomedicine in the Egyptian setting.

To wit, in biomedical infertility management, it is Egyptian women's bodies — not men's — that tend to be subjected to invasive, agonizing methods of surveillance and control. In fact, Foucault's (1977) notion of "biopower," in which human bodies become the site of ideological control and are disciplined, punished, and in other ways manipulated through "technologies of the body" designed to create, ultimately, politically docile bodies/individuals, seems quite appropriate to this discussion.[2] For, as we shall see, Egyptian biomedicine, the institutionalized source of biopower in this setting, has created, through subtle, hegemonic coercion and consent (Gramsci 1971), a class of docile, subordinated infertile women, ready to subject themselves to most forms of biogynecological bodily invasion through their belief in the inherent superiority of high-tech biomedical "fixes." That mostly male biogynecologists willingly invade women's bodies, surgically and vaginally, in the pursuit of blatantly patriarchal and capitalist ends will become exceedingly apparent in Chapter 9 in the discussion of "untherapeutic therapeutics" rampant in the Egyptian biogynecological setting.[3]

Although this book is not intended as an invective against Egyptian biomedicine, it will become apparent in Chapters 8 through 11 that I am highly critical of many of the ways in which women's reproductive bodies are manipulated by Egyptian biogynecologists. Yet, as an outsider to Egyptian biomedical culture, I do not stand alone in my "cultural critique," to use Ehrenreich's (1978) term, of Egyptian biogynecology. Rather, as we shall see in Chapters 8 and 9, this critique comes from within the Egyptian biogynecological community itself and involves the subversive discourse of primarily younger, often university-based physicians, who rail against the inefficacious and even iatrogenic practices of many community-based biogynecologists, who perform irrational, useless, but highly invasive procedures on infertile women largely "for money." Thus, a critical analysis of Egyptian biogynecology as a hegemonic, neocolonial, capitalist enterprise — one affected by the "smothering dominance" of the technological imperative (Barger-Lux and Heaney 1986; Turshen 1991), but diminished by a crucial lag in the reproduction of appropriate technical knowledge — is certainly necessary and will be found in Chapters 8 and 9. This will be followed by an indigenous critique of the "old," outmoded, but pertinacious biogynecological technologies themselves as they are applied to infertile women's bodies. In Chapters 10 and 11, the transfer to Egypt of the "new" reproductive technologies — artificial insemination by husband (AIH) and in vitro fertilization (IVF) — will be examined in some detail, focusing on the "local moral worlds" (Kleinman 1992) of infertile Muslim women who are forced to grapple with the difficult therapeutic decision-making process.

Indeed, in their biomedical quests for conception, infertile Egyptian women must make many difficult, often morally based decisions: Should I keep taking these drugs despite their frightening side effects? Should I undergo yet another abdominal surgery? Should I inform my husband of his low sperm count? Should I pawn my wedding ring so that I can undergo a therapy that may be unsuccessful? That women make numerous decisions of this nature over the course of months and years indicates that they are more than mere bodies, more than passive, corporeal subjects. In contrast to Orientalist stereotypes of Middle Easterners as inordinately fatalistic and prone to immobilizing predestination beliefs,[4] Egyptian women display a remarkable degree of activism and agency in their quests for

conception—often without the intervention of supportive "therapy management groups" (Janzen 1978, 1987). Namely, because of increasing nuclearization and isolation of the urban Egyptian family, because of the stigmatization of infertility, and because of the tenacity of many infertility problems, therapy management groups consisting of spouses, families, friends, and neighbors tend to collapse over time, and infertile women are often left to go it alone. That many infertile women are stubbornly persistent in their therapeutic quests—venturing to new doctors, new healers, new shrines on their own, amid the negative scrutiny of their neighbors (who condemn any woman who "comes and goes" too much)—is a testament to infertile women's activism and their ability to make important decisions for themselves. Furthermore, some infertile women demonstrate striking resistance to male subordination, actively defying their husbands' instructions not to undertake unorthodox ethnogynecological cures and withstanding various forms of biomedical coercion. Not only do many women insist upon curative eclecticism, capitalizing on the ambiguities and indeterminacies of medical pluralism and often opting for the gynocentric comfort of the indigenous, ethnomedical realm, but they also criticize and challenge the biomedical system through multiple strategies of counter-hegemonic resistance. These include "doctor shopping," noncompliance with unpleasant therapeutic regimens, seeking of second opinions and popular health information, and open criticism of doctors' treatments, greed, inability to communicate, and lack of ethnogynecological savvy. Through their actions and their subordinate discourse on "useless" therapies, operations that "bring no results," and doctors who fail to understand their problems, infertile Egyptian women take a stand against their biomedical subjectivity and demonstrate what Becker and Nachtigall (1991) have called the "nebulous power" of infertile patients in the biomedical system.

Egyptian Gynecologies

Thus, despite their desperation to be cured, many infertile Egyptian women refuse to allow biogynecology to take over their lives, resorting instead to multiple strategies of diagnosis and cure. In Egypt, rather than there being only one hegemonic form of gynecology, we may speak of multiple "gynecologies," or multiple philosophies regarding the appropriate diagnostic and therapeutic treatment of women's reproductive bodies. For heuristic purposes, it is easiest to divide these gynecologies into two major categories,

biogynecology and ethnogynecology. But, as we shall see in the chapters that follow, such a dualistic and seemingly dialectically opposed representation of the Egyptian gynecological realm is nothing if not simplistic. Instead, within the historically pluralistic health-care setting described in Chapter 3, numerous healing philosophies are still present, despite the dynamic supplantation of older medical systems by newer ones throughout a 5,000-year or more medical history in Egypt (Gran 1979; Millar and Lane 1988). Thus, the numerous gynecologies present in Egypt today must be historically contextualized and seen as emerging from a number of literate medical traditions in this region.

Furthermore, the multifaceted array of etiological, diagnostic, and therapeutic beliefs and practices regarding the nature and treatment of infertility—a vast armamentarium to be described in some detail in Chapters 4 through 11—must be seen as a reflection of two important and related phenomena: first, the pluralistic health-care environment still existing in present-day Egypt, which is a result of the syncretism of the aforementioned millenia-old medical traditions in this region; and, second, the resultant multiplicity of causal and therapeutic beliefs held by Egyptian patients and healers of various types.

In Chapters 4 and 8, the various ethno- and biogynecologists involved in treating infertile women will be introduced, as will the medical philosophies that they uphold and may attempt to inculcate in their patients. Special attention will be paid in this discussion to four key issues of medical anthropological concern:

1. *Competing belief systems and their hegemony.* What are the competing belief systems regarding infertility causation? Who holds them? Is any one system hegemonic in Egypt?
2. *Cognitive dissonance.* Can individuals, either patients or healers, hold simultaneously contrasting belief systems regarding infertility causation? If so, does this cause "cognitive dissonance" (Festinger 1957), or do these individuals accommodate conflicting beliefs without experiencing cognitive confusion?
3. *Diagnosis as part of the therapeutic process.* Is the quest for etiological understanding considered an essential part of the therapeutic process by both patients and healers? How willing are these parties to undertake diagnostic measures in the quest for this information?
4. *Diagnostic information as sacred knowledge.* Is information gained through the diagnostic quest considered "sacred" by either patients or healers? How willing are healers to impart this information to