Gender, Religion, and IVF: Fertilization

Since the birth of Louise Brown, the world’s first “test-tube baby” in 1978, the new reproductive technologies (NRTs) have spread around the globe, reaching countries far from the technology’s origins in the West. Perhaps nowhere is this globalization process more evident than in the nearly twenty nations of the Muslim Middle East, where in vitro fertilization (IVF) centres have opened in nations ranging from small, oil-rich Bahrain and Qatar to larger but less prosperous Morocco and Egypt. Egypt provides a particularly fascinating locus for investigation of this global transfer of NRTs because of its ironic position as one of the poor, ‘overpopulated’ Arab nations.

Indeed, given the daunting series of obstacles confronted by Egyptian IVF patients, it is remarkable that at least 182,000 Egyptian women of child-bearing age, or almost daily basis in some of the major IVF centres in the country.

Egyptian IVF landscape

In 1996, I conducted medical ethnography in two of the major IVF centres in the Cairo. In depth, semi-structured interviews were conducted with 66 middle- to upper-class, highly educated, professional women and their husbands, the vast majority of whom were seeking IVF services. This Egyptian IVF research followed an earlier project on Egyptian fertility undertakings with 100 infertile Egyptian women in 1988–1989 (Ih horn 1994).

In that study, in-depth, semi-structured inter- views were conducted with infertile women and a comparison group of 90 fertile women, the vast majority of whom were poor, uneducated, illiterate housewives (Ih horn 1996). These poor women were seeking treatment at the University of Alexandria’s public ob/gyn teaching hospital, which had widely publicized its opening of a supposedly ‘free’ government-sponsored IVF programme.

Thus, my work on this subject incorporates both a longitudinal perspective and a class-based comparison of infertile women seeking IVF treatment in the two largest cities of Egypt. It reveals how the treatment experiences of poor and elite infertile women differ dramatically by virtue of education, economic resources, and subsequent access to IVF, and how a time-span of a decade has dramatically altered the IVF treatment landscape in the country.

In the world of Egyptian IVF, considerable attention must be paid to issues of religion and gender. In Egypt, the official Islamic position on NRTs – manifested through a series of official statements, Church laws, and their implementation – forbids the use of ova donation and donor-egg technologies. However, in the practice of Egyptian IVF, these local cultural implications are subject to challenge once local formula- tions, perceptions, and consumption of these technologies are taken into consideration. Indeed, the saddest new twist in marital politics in Egypt has occurred as a result of the rel- atively recent advent in Egypt of intracyto- plasmic sperm injection (ICSI) – a variant of IVF that allows men with very poor sperm quality to procreate. As long as a single viable sper- matzoon can be retrieved from a man’s body, including through painful testicular aspiration, this spermatozoon can be injected directly into the ovum, thereby ‘forcing ferti- lization to take place. Thus, ICSI heralds a revolu- tion in overcoming male infertility, and its arrival in Egypt in 1994 has led to the flooding of IVF clinics with couples whose marriages have been affected by long-term male infer- tility.

Unfortunately, many of the wives of these Egyptian men, who have ‘stood’ by their infer- tile husbands for years, even decades in some cases, have grown too old to produce viable ova for the ICSI procedure. Because the al- Azhar fatwa forbids the use of ova donation or surrogacy, couples with a ‘reproductively elderly’ wife face four difficult options: (1) to remain together permanently without chil- dren; (2) to legally foster an orphan child, which is rarely viewed as an acceptable op- tion, particularly among elites who want heirs to their fortunes; (3) to remain together in a polyamous marriage, which is rarely viewed as a tenable option by women themselves; or (4) to divorce so that the husband can remar- ry a younger, more fertile woman. Unfortu- nately, more and more highly educated, upper-class Egyptian men are choosing the final option of divorce – believing that their own reproductive destinies may lie with younger, ‘replacement’ wives, who are al- lowed to them under Islam’s personal status laws for Egyptian women, who are unable to solve their childlessness through either Western-style adoption, which is expressly prohibited in the Islamic scriptures (Sunbul 1995), surrogacy, or donor-egg technologies.

References


Note

Gender differences can be found in the Egyptian IVF landscape. In particular, the medical profession’s practice of scrupulously ensuring the financial feasibility of IVF treatment for poor infertile couples has been challenged by the dysfunction of the government’s financial system. This dysfunction, which has included widespread corruption, has led to a situation in which poor infertile couples have been unable to access IVF services despite the government’s provision of ‘free’ IVF treatment. Thus, the use of IVF, ICSI, and other NRTs has myriad local implications in Egypt and in other parts of the Muslim world. As suggested by this study, these local cultural implications must be studied by Middle Eastern scholars, in order to document both the benefits and pitfalls of the new reproductive technologies that are spreading so rapidly around the globe.

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