

EGYPT

Infertile Men

Marcia C. Inhorn*

Two cases of male infertility

Madiha and Ahmed

Madiha is a diminutive, attractive, and brave twenty-three-year-old, married to her infertile, twenty-eight-year-old husband, Ahmed, for five years. Both are uneducated and poor, as his carpenter's salary brings them only LE 40 a month [less than \$15]. Although Madiha worked in a textile factory before marriage and is willing to work again to improve their economic situation, Ahmed refuses this option, citing the problems of crowded transportation (with men who are "strangers") and Madiha's potential neglect of the housework. Madiha has been seeking treatment for infertility since the third month of her marriage, when her mother- and sister-in-law insisted on taking her to a physician. Since then, she has endured countless "treatments," both ethnomedical and biomedical. Her mother-in-law has brought her vaginal suppositories of black glycerine to "bring out" any infection she might have in her vagina. Traditional healers and neighbors have performed painful "cupping" on her back to draw "humidity" out of her womb. Spiritist healers have said prayers over her and asked her to perform various rituals of circumambulation at religious sites. During one Friday noon prayer, she was asked by a female spiritist healer to urinate on top of an eggplant to "unbind" an infertility-producing condition known as *kabsa* or *mushahara*.

Simultaneously, Madiha has pursued biomedical treatment, at the urging of Ahmed and his relatives, with whom she has lived for most of her marriage. Two of the doctors she has visited have performed a procedure called tubal insufflation, in which carbon dioxide is pumped into the uterus without any anesthesia. One of the doctors told her that her cervix and uterus might be "small" and that "the smallest uterus can't get pregnant"; the procedure might "widen" or "dilate" her. The other physician offered no reason for performing the procedure. In fact, although tubal insufflation is widely practiced as a moneymaking procedure by Egyptian gynaecologists with no specialized training in infertility, this technique, formerly used to diagnose tubal obstruction, has no therapeutic value and may actually produce infertility by forcing pathogenic bacteria from the lower into the upper genital tract.

Madiha also underwent an operation under general anesthesia to correct a "folded" uterus. As she explained, "I didn't want this operation, but my in-laws pushed me and

*From Marcia C. Inhorn, "The Worms Are Weak: Male Infertility and Patriarchal Paradoxes in Egypt," ch. 12 in Lahoucine Ouzgane, ed., *Islamic Masculinities* (London: Zed Books, 2006). Names used here are pseudonyms.

gave me the money." When the operation failed, the doctor asked Ahmed to go to a particular doctor for an "analysis." Ahmed complied, and was asked to repeat the analysis twice and to take treatment.

According to Madiha, it was only then that "I knew I'm alright and something is wrong with my husband." Yet, Ahmed refuses to believe he is the cause of the infertility, and thus rejects treatment. His family, furthermore, refuses to believe that the first son in the family to marry is responsible for the infertility. As Madiha put it, "Even my husband, when I tell him it's his problem, he doesn't answer me. When he went to the doctor for the first time, the doctor told him that he had pus and weakness in his didan (literally, 'worms,' i.e., sperm). But he never goes for treatment, even though he knows I want him to. Every time I tell his family that it's 'from him,' they don't answer me. Instead, every time I tell them that I'm going to the doctor, they encourage me to, as if it's my problem. My family won't get involved. They know I'm not the reason and it's something wrong with Ahmed. They're 'relaxed' because they know it's his problem." [...]

Shahira, Mohammed, and their ICSI Twins

Shahira is the 25-year-old wife of Mohammed, a 43-year-old lawyer whose father was once a powerful politician. In addition to his legal practice, Mohammed rents a villa to a foreign embassy and owns a business center run by Shahira. She is Mohammed's second wife, married to him now for ten months. Before this, Mohammed was married for 17 years to Hala, a woman now in her forties, whom he divorced two years ago because of their childlessness.

Early in his first marriage, physicians told Mohammed that he suffered from severe male-factor infertility, involving low sperm count and poor motility. He underwent repeated courses of hormonal therapy, none of which improved his sperm profile. Ultimately, he and Hala underwent several cycles of artificial insemination using concentrates of his sperm, and five cycles of in vitro fertilization (IVF), three times in Germany and twice in Egypt. Each trial was unsuccessful.

It was obvious to the Egyptian physicians who undertook one of the trials that Mohammed and Hala's marriage was deteriorating during the course of therapy – a deterioration they implied had something to do with Hala's "strong personality." Shahira seemed to agree: "In Egypt, if a man knows he doesn't get his wife pregnant, he's always upset. And if you're pushing him all the time, and he's the reason for the problem, he feels like giving up [on the marriage], because there are no children to keep in the house. In my husband's case, he preferred to divorce her because their relationship became bad. They had different attitudes and behaviors, and the major reason for the divorce was that he knows he's the reason for no pregnancy. He's kind, and she's nervous and always asking too many questions."

Although Hala has not remarried, Mohammed remarried in little over a year. He chose Shahira, a Christian, after knowing her for five months. Mohammed was less

interested in Shahira's "pedigree" (a college degree in tourism, with fluency in French and English) and in her religion (a Muslim man is allowed to marry a Christian woman), than in her youth, potential fecundity, acceptance of his infertility problem, and her willingness to try additional treatments with him. He told her, "I want to marry you, but you are a young lady, and I'm sure you want a baby." Shahira needed a "father figure" and felt that Mohammed could be "both a husband and a father." [...] She continued: "I took my decision in two months, without love before marriage, but with my mind. But love has grown – 100%. An important thing in marriage is understanding, feeling secure. That's more important than love. He's kind and when I'm sick, he'll sit beside me and ask how I'm feeling. When I married him, I accepted 100% that I will not have children, and I wouldn't push him. But since I knew his case before marriage, I told him I'd be willing to try [IVF] more than once because he's kind. I was afraid, but I'll try."

A few months into their marriage, Shahira went to a gynaecologist in Maadi, an elite suburb. The physician told her, "You are young and you haven't anything wrong, but the lab report on your husband is bad." She asked the physician about IVF, and he said, "No way, because your husband is a very bad case." Mohammed, meanwhile, underwent five months of drug therapy. His andrologist told him, "Your wife is young. ICSI [intracytoplasmic sperm injection] may be successful, because she's young and has no problem. Don't hesitate. You should use any time you have." [...]

Shahira suffered uncomfortable side effects from the medications used to stimulate ovulation. Her gastric ulcer symptoms were exacerbated, and she felt abdominal cramping and pain throughout the treatment. "It's too difficult doing this ICSI," Shahira explained. "I take all these injections, I come to the hospital every day, I prepare for the operation, I see the anesthesia, the doctors. It's frightening. My husband – they just take the semen from him."

Once the ICSI procedure was completed, Shahira was still unconvinced of its efficacy. Thus, when she was scheduled for a blood test to determine her pregnancy status, she refused. She was so intransigent that Mohammed finally called the laboratory and had a doctor sent to their home to draw the sample. The next day, Mohammed and Shahira went to the laboratory, where the physician told them: "Congratulations. I wanted to tell you personally." Repeated pregnancy tests, along with three ultrasounds, confirmed that Shahira was pregnant – with twins in separate amniotic sacs.

Now Mohammed is in disbelief. Every day, he looks at Shahira's expanding belly and says, "Now I can't believe I will have children. I will believe it if I touch my son or daughter by myself." Shahira hopes that the birth of his twins will make Mohammed stop smoking three packs of cigarettes a day. Shahira is also concerned about the potential difficulties associated with a twin pregnancy and caesarean childbirth, and the demands of taking care of two infants simultaneously. She hopes that at least one of the infants will be a girl, although Mohammed hopes for a son he can name "Ahmed." If God wills, and the twins are born healthy, Shahira says she won't do ICSI again. "Once is enough. One operation, one delivery. It's too difficult and too frightening."

The cases of Madiha and Ahmed and Shahira and Mohammed illustrate the relationship of male infertility to patriarchy in Egyptian culture. In Egypt, patriarchy involves relations of power and authority of males over females which are (1) learned through gender socialization within the family, where fatherhood gives men power; (2) manifested in inter- and intragender interactions within marriage, the family, and other interpersonal milieus; (3) ingrained in pervasive ideologies of inherent male superiority; and (4) institutionalized on legal, political, economic, educational, and religious levels. Although I do not intend to suggest that Egypt is somehow more patriarchal than other societies, patriarchy operates on many levels in Egyptian society today. Furthermore, patriarchal ideologies cut across social classes, religious boundaries, and household types. However, as seen in the case of Madiha and Ahmed, manifestations of patriarchy are often more pronounced among the rural and urban lower classes living in extended family households. [. . .]

I argue that women suffer over men's infertility because of the nature of Egyptian patriarchy and the kind of patriarchal support Egyptian men receive in their family lives, even when they are infertile. Male infertility in Egypt creates four main "patriarchal paradoxes": (1) who gets blamed for infertility in a marriage; (2) whose gendered identity is diminished by infertility; (3) who suffers in an infertile marriage; and (4) who pays the price for infertility treatment.

The first paradox is seen in the realm of procreative theory, or how Egyptians conceive of the "coming into being" of humans. In contemporary Western reproductive biology, procreation theories are "duogenetic," in that men and women are seen as contributing equally to the hereditary substance of the fetus, formed through the union of a woman's ovum and a man's spermatozoon. However, even with the widespread penetration of Western biomedicine and education around the world in the past half century, the globalization of such a duogenetic model is incomplete. Rather, in Egypt and in other parts of the Middle East, less educated people believe procreation is "monogenetic," assigning men, the "givers of life," primary responsibility for procreation. Specifically, most poor urban Egyptians believe that men are the creators of preformed fetuses, which they carry in their sperm and which are then ejaculated and "caught and carried" by women's waiting wombs. In this scenario, women are not only marginalized as reproducers, but the products of their reproductive bodies, particularly menstrual blood, are seen as polluting to men and the fetuses they create. Although the notion of women's "eggs" is beginning to gain credence, even some educated Egyptians argue that men's sperm are reproductively dominant to women's eggs in terms of biogenetic input into the fetus.

Given this ideology of male procreation, it is a true patriarchal paradox that women, rather than men, are blamed for procreative failure. [. . .] With the advent of semen analysis in Egypt over the past three decades, however, the blame for infertility has shifted slightly. In fact, "worm" pathology is a titillating topic of conversation among poor urban Egyptians. Virtually every Egyptian has now heard of the problem of so-called weak worms. "Weakness" is a common cultural illness idiom in Egypt and is

rife in popular reproductive imagery. Most Egyptians now accept the idea that men, too, may be infertile because “the worms” are slow, sluggish, prone to premature death, or absent altogether. [. . .] But accepting male infertility in theory is not the same as accepting it in practice. Although Egyptians are willing to discuss the possibility of weak worms when a couple is childless, they are less willing to accept male infertility as the absolute cause of any given case. [. . .] Rather, women are blamed for the failure to facilitate male procreation. [. . .]

This brings us to the second paradox: whereas infertility always mars a woman’s femininity, no matter which partner is the “cause” of the problem, male infertility does not similarly redound on a man’s masculinity. There are several reasons for this. First, there is widespread disagreement about the degree to which male infertility can be emasculating. The dominant view is that male infertility is profoundly emasculating, particularly given two major confluences: first, of infertility with virility or sexual potency; and second, of virility with “manhood,” the meanings of which are closely linked in North Africa. In Egypt, infertile men are said to “not be good for women,” to have their “manhood shaken,” or to be “weak” and “incomplete,” not “real men.” Thus, infertility casts doubt upon a man’s sexual and gender identities – that is, whether he is a “real” man with the normal masculine parts, physiological processes, requisite “strength” of body and character, and appropriate sexual orientation. Furthermore, infertility threatens personhood itself or the acceptance of a man as a “whole” human being with a normal adult social identity and self-concept. Indeed, infertility, a condition over which Egyptian men (like men everywhere) have no control, threatens [. . .] those attributes of a man felt to be so ordinary and natural that failure to achieve them leads to feelings of shame, incompleteness, self-hate, and self-derogation. Given the threat of infertility to normative masculinity, it is not surprising that the condition is deeply stigmatizing and the source of profound psychological suffering for Egyptian men who accept their infertile status. Because male infertility is glossed as spermatic “weakness,” many infertile Egyptian men seem to take this cultural idiom to heart, feeling that they are somehow weak, defective, and even unworthy as biological progenitors. Many infertile Egyptian men seeking treatment at IVF centers bemoaned their “weakness” and wondered out loud whether they would “pass their weakness” onto their children.

On the other hand, an alternative view voiced by many Egyptians of all social classes is that “a man is always a man,” whether or not he is infertile, because having a child doesn’t “complete a man as it does a woman.” Indeed, whereas a woman’s full personhood can be achieved only through attainment of motherhood, a man’s sense of achievement has other potential outlets, including employment, education, religious/spiritual pursuits, sports and leisure, friendship groups, and the like. [. . .] Thus, while men and women in Egypt, almost without exception, eventually marry and expect to become parents, the truly mandatory nature of parenthood is experienced much more keenly by women, whose other avenues for self-realization are limited and who are judged harshly when they are unable to achieve motherhood early in their

married lives. [. . .] [In addition,] infertility stemming from a husband rarely leads to wife-initiated divorce and may, in fact, strengthen marital bonds. Yet, infertility may lead to husband-initiated divorce or polygynous remarriage, whether or not female infertility can be proven. [. . .]

Other stories could be told of how male infertility plays out in men's and women's lives in Egypt. Such stories must attend to infertile men's perspectives on their marriages, identities, and experiences as members of a society in which men themselves are subject to stressful, competitive, hierarchical forms of hegemonic masculinity. Male infertility presents a crisis of masculinity for Egyptian men, one in which their manhood is shaken to its deepest core. But, as demonstrated in this essay, the effects of such masculine crises do not end there: they redound in multiple, often profoundly detrimental ways in the lives of the women who, by virtue of marriage, must share infertile men's secrets and uphold their masculinity at all costs.

MEXICO

Viagra and Changing Masculinities

Emily Wentzell*

Treatments for erectile dysfunction can reinforce or challenge men's ideas of sexuality and masculinity, and men can actively use these treatments either to support or to reframe their understanding of what it means to be manly. The different ways that men use and think about these treatments go hand in hand with their constantly evolving understanding and acting out of masculinity.

Masculinity is, in part, a role men play by referencing different models of manhood and cultural stereotypes. In the 1950s, writer Octavio Paz defined what would become a powerful stereotype of Mexican masculinity: the *macho* man.[†] The macho is violent, tough, and emotionally guarded; most importantly, he has frequent penetrative sex. While the concept of machismo is one widespread idea of how to be masculine, it certainly does not characterize all real-life Mexican men. Instead, it is a model that influences, but does not define, men's daily decisions about how to act masculine. Many lower-income men in Mexico City who experience erectile problems, which would presumably be quite damaging to a macho self-image, are employing new ideas about erectile dysfunction to challenge stereotypically macho masculinity.

*Special to this volume.

[†]Octavio Paz, *The Labyrinth of Solitude: Life and Thought in Mexico* (trans. L. Kemp) (New York: Grove Press, 1961).