

Chapter 9

Population, Poverty, and Gender Politics

Motherhood Pressures and Marital Crises in the Lives of Poor Urban Egyptian Women

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The Middle East has been characterized demographically as a region with a “multiplicity of population problems.” So-called “overpopulation” in those Middle Eastern countries with limited resources has been deemed the most serious problem, one caused by fertility rates exceeding those of other less-developed regions of the world.¹ High Middle Eastern fertility rates, in turn, have been associated with “early age at marriage, universality of marriage, pronatalist cultural attitudes, and the high correlation between a woman’s fertility and her family’s community prestige.”² The high fertility levels of Middle Eastern Muslim women—levels that do not seem to vary significantly with changes in national economic development—have been linked to women’s low status and limited social roles throughout the region.³

Egypt has been considered the quintessential example of this purported nexus between the excessive fertility of women and overpopulation in the Middle East.⁴ A poor, predominantly Muslim country with vast areas of uninhabitable land, high population densities, and massive rural-to-urban migration of dislocated rural farmers, Egypt has been the site of early and repeated population control efforts.⁵ These programs have ranged from those narrowly focused on the provision of family planning services to those in which social and economic development has been touted as the best contraceptive.⁶ Yet, after thirty years of experimentation, Egypt’s overall population control program has

been deemed weak in several international assessments,⁷ facilitating Egypt’s plunge into the feared “demographic trap”⁸—namely, a relatively high annual rate (2.3 percent) of natural increase in the Egyptian population due to a declining death rate (8 per 1,000 population) in the face of a continuing high crude birth rate (31 per 1,000 population).⁹ Furthermore, although recent assessments show the Egyptian total fertility rate to have declined from 5.3 births per woman in the late 1970s to 4.6 births per woman as of 1993,¹⁰ Egypt is still characterized by a significant “reproductive motivation–behavior gap”: specifically, many women express a desire to limit or space births but are not utilizing any method to prevent pregnancy.¹¹ Indeed, according to the most recent available data, only 44 percent of currently married women in Egypt are using modern contraception.¹²

The reasons why Egyptian women continue to reproduce at what many have deemed to be excessive levels have been the subject of much research, speculation, and debate. To assess and measure the effects of socioeconomic and cultural variables on Egyptian fertility behavior, demographers have conducted large-scale surveys of the knowledge, attitudes, and practice of Egyptians, in which significant numbers of people are questioned about their desired family size, contraceptive knowledge and use, and the costs and benefits of children.¹³

Survey research of this nature shows that urban fertility behavior differs markedly from that of rural areas of Egypt.¹⁴ Measures of overall fertility, proportions married, and marital fertility are lowest in urban areas of Lower (that is, northern) Egypt. According to the Egypt Demographic and Health Survey of 1988, for example, the level of contraceptive use in urban areas of Egypt was 52 percent, or more than twice that of rural areas, where only 24 percent of women used contraception.¹⁵ Nonetheless, as these data show, nearly half of all married urban Egyptian women of reproductive age do not use contraception.

Although survey-based data may be useful in demonstrating continuing low levels of contraceptive usage, information of this nature does not explain completely *why* many Egyptian women do not use modern contraception—whether or not they have achieved their desired family size and whether or not they are aware of Egypt’s “population problem.” Rather, what survey data about the reproductive motivation–behavior gap in Egypt seem to suggest is that women, including urban women, may be in conflict about their reproductive abilities and desires, including their abilities and desires to control their reproductive

lives and futures. Given that Egyptian women's reproductive lives are virtually always played out within the realm of marriage, it is necessary to examine how women's marital relations may affect their reproductive behavior, including their often difficult decisions about whether and how to prevent pregnancy.

Objectives

In this chapter, I explore the reproductive conflicts experienced by urban Egyptian women as they attempt to meet normative motherhood demands while maintaining successful marriages and family lives in an environment marked by economic scarcity. Indeed, apropos to the volume title, the title of this chapter is "Population, Poverty, and *Gender* Politics," for I focus on the reproductive struggles of impoverished Egyptian women in the context of their often difficult, dependent marriages to reproductively dissatisfied and economically disenfranchised men.

The major aims of this paper are fourfold. First, I will explore what I term the "fertility-infertility dialectic" in urban Egypt. Specifically, I argue that fertility and infertility exist in a dialectical relationship of contrast, such that understanding one leads to a much greater understanding of the other. Infertility, in particular, provides a convenient lens through which issues of fertility can be explored, including, among other things, beliefs about the value and necessity of motherhood. I maintain that the importance of motherhood to the construction of poor Egyptian women's identities is perhaps best understood through the lens of infertility.¹⁶ Because infertile women are unable to achieve normal personhood through motherhood, their predicament highlights the cultural imperative of motherhood, the pressures that *all* women experience on the way to becoming full-fledged mothers, and the resultant desires of women to prove themselves "productive" in the reproductive realm, thereby "tying their husbands with children."

Second, although I write as an anthropologist, I intend to focus this discussion on the "unofficial" political realm. If politics can be understood as the ways in which power is structured and enacted in everyday activities, then the local social arrangements within which both gender and reproductive relations are embedded may be viewed as inherently political.¹⁷ Thus I will explore the identity politics of motherhood and

the gender politics of marriage among the Egyptian urban poor, focusing explicitly on the identity and marital crises that revolve around the reproductive dilemmas of infertility and excess fertility. Specifically, I examine the ways in which the patriarchal gender asymmetries found throughout Egyptian society are experienced in the context of marriage and, more narrowly, in the realm of conjugal reproductive relations. Although most poor urban Egyptian husbands do not exercise their socially sanctioned power and authority in the negative ways to be described in this paper, many still do, precipitating marital crises for their unempowered wives. Such conjugal crises will be described in the stories of two women, whose names and those of their husbands have been changed to protect their privacy.

Third, by using women's stories, I intend to focus on the lived experiences of real Egyptian women, both fertile and infertile, who "do daily battle," as Fatima Mernissi has put it, to keep their marriages together and, in the case of the fertile, to keep their children fed.¹⁸ Because analysis of the experiential level has so often been overlooked in the literature on Middle Eastern women—in favor of textual analysis, discourse analysis, symbolic analysis, and structural-functionalist analysis—this literature is plagued by a continuing "idealist bias" based on "official" ideologies of gender.¹⁹ Although indirect sources of evidence—be they Islamic texts, historical documents, media accounts, stories, or poetry—are important in their own right, as an anthropologist I believe that they can never substitute for the insights gained through experiential participation in women's lives and in-depth interviewing of women themselves. Furthermore, to understand the complexities of gender relations, one must come to understand how men and women actually *relate*, which is perhaps best accomplished through systematic participant observation as well as in-depth interviewing.

Finally, I argue that understanding the ramifications of conjugal gender relations on reproductive behavior in Egypt is particularly important at this historical moment for a number of reasons. First, despite innovative contraceptive distribution and social marketing programs implemented in Egypt,²⁰ acceptance of contraception—and especially barrier methods of contraception—has not been as dramatic as expected for reasons that continue to baffle population policy makers. Although demographers have called for micro-level analyses and social-psychological research to uncover the hidden factors militating against

family planning efforts in Egypt,²¹ relatively little research of this nature—and particularly on the marital dynamics of family-planning decision making—has been forthcoming in recent years.

Second, this research lacuna is especially unfortunate, given that AIDS and other sterilizing sexually transmitted diseases (STDs) have entered the country.²² Although Egypt has been relatively unscathed by the significant STD-induced infertility and AIDS problems facing its southern neighbors in sub-Saharan Central Africa,²³ it can no longer be assumed that STDs somehow respect national boundaries, especially given the high rates of in- and out-migration found throughout the Middle Eastern region and the African continent. Although Middle Eastern (including Egyptian) health policy officials have often been reluctant to admit the existence of indigenous STD problems, it is safe to assume that these problems will only increase in coming years, given the state of the current global AIDS pandemic and the more localized epidemics of other STD problems, such as infertility-producing genital chlamydial infection. Indeed, in urban Egypt, the significant numbers of women who are infertile from infection-scarred fallopian tubes—and who also test positive for serum chlamydial antibodies—suggests that sterilizing STDs are more common than recognized by Egyptian health authorities.²⁴

That such STDs, including AIDS, are largely preventable through the use of condoms speaks to the need for research and educational programs promoting barrier contraception in Egypt. However, because women and *not* men are virtually always targeted as the “excessive reproducers,” most family planning campaigns in Egypt have shared this widespread bias in their focus on what might be called “female” forms of birth control—primarily oral contraceptives and intrauterine devices (IUDs) and, more recently, foaming vaginal tablets, Depo-Provera injections, and the implantable contraceptive NORPLANT.²⁵ It is important to note that although these female forms of contraception may protect against pregnancy to varying degrees, none of them provide adequate protection against STDs, including the human immunodeficiency virus responsible for AIDS. Only condoms, a “male” form of barrier contraception, are STD preventive; yet they are not popular in Egypt among married couples, for reasons that are only superficially understood.²⁶

If condoms are the only current form of contraception proven to be highly effective in preventing both pregnancy and STD transmission, it

is imperative that factors militating against their use in Egypt be understood. Such research must focus on husbands as reproducers and their attitudes toward, among other things, the value of procreation and progeny; the permissibility of contraception; male responsibility for contraception; the advantages and disadvantages of condoms; the desirability of sexual and reproductive negotiation with wives; and the proper affective content of marriage and sex. Husbands may be very reluctant to use any form of contraception, especially if they have no children and even if they have too many to support. Other husbands may be less vehement in their disapproval of contraception but may do very little to support their wives' attempts to control their fertility. Although this paper is not intended as an exploration of family planning decision making among Egyptian couples, I suggest that future anthropologically oriented research along these lines—and especially about male participation in the reproductive decision-making process—is urgently needed for Egypt.

Third, such research is made even more pressing given the rising religious opposition to family planning and population “control” in Egypt.²⁷ Although Muslim theologians have historically supported birth control for the purpose of birth spacing (that is, to promote the health of both mother and child),²⁸ local clerics and Islamist groups in Egypt have begun to spread a different message in recent years: namely, that the use of any form of contraception is “against Islam.” That this message is being heard is apparent in the comments of poor urban Egyptian women who express their confusion about whether the use of contraception is religiously permitted, given the advice they receive to the contrary from husbands, neighbors, and, in some cases, physicians and clerics. Many Islamic religious leaders regard family planning as both a religiously disallowed practice and as part of a Western, Christian, neocolonial conspiracy to reduce the absolute number of Muslims, thereby weakening Islamic nations.²⁹ Thus it is likely that religious opposition to contraception will increase in the coming years. The effect of this opposition on rates of both population growth and STD transmission in Egypt remains unknown at this time.

Finally, these issues and controversies are played out in Egypt in an environment of increasing urban poverty and malaise. Following the economic boom years of the 1970s—when the government's “open door” policy encouraged foreign investment in Egypt, revenues from oil and the Suez Canal were high, and many Egyptian male worker

were able to send home remittances from neighboring petro-rich countries³⁰—the relative economic upheaval that began in the 1980s has been felt acutely in Egypt. In particular, the steep drop in oil prices in 1986, followed by the Gulf War in the early 1990s, put many Egyptian overseas laborers out of work, reducing remittances to Egypt and escalating the ranks of the landless unemployed, who flocked to urban areas. Today, the urban areas of Egypt are characterized by small pockets of great wealth amidst vast terrains of significant poverty—social inequalities that have been perpetuated by U.S. foreign policy and that have fueled government opposition in Egypt.³¹ Although the legions of urban poor are among the muted groups—those whose powerlessness prevents them from expressing their needs, desires, and hopes for the future—their voices are being increasingly heard by Islamic militant groups, who promise the deliverance of a more equitable, Islamic society in the future.

But what of poor urban Egyptian women, whose voices are rarely heard but whose “hyperfertility” continues to be a point of contention, surveillance, and control? As Mitchell so aptly states in his critique of American aid to Egypt: “[Egyptian] women are unlikely to explain their economic problems as deriving from population growth, as does the World Bank. Far more relevant, perhaps, is their meager share of local, national and global resources, and the political and economic powerlessness that prevents them from altering this condition. Any discussion of their situation would have to start from this condition of powerlessness.”³²

It is this discussion—of poor urban Egyptian women’s relative powerlessness in their reproductive relations with men—that provides the focus of this paper and a counterpoint to the often dehumanized discourse on population control in Egypt. As I will argue here, to understand why “hyperfertile” Egyptian women fail to “control” their fertility as family planning officials would like them to, it is necessary to understand the motherhood pressures they face and the significant control of husbands over their reproductive and marital lives.

Methodology and Study Sample

The anthropological research upon which this chapter is based was carried out between October 1988 and December 1989 in Alexandria, Egypt. One hundred ninety women, one hundred of whom were infer-

tile and ninety of whom were fertile, participated as informants in this study. All of these women were of the lower (or, in a few cases, lower-middle) class, and the majority were from Alexandria proper or its periurban “suburbs.” Many of these women traced their ancestry to the rural areas of both Lower (northern) and Upper (southern) Egypt; hence, many did not consider themselves to be “native Alexandrians.” Most of the women were uneducated, either never having attended school or having dropped out of primary school. As a result, most were either illiterate or only semiliterate. Few were employed or had ever been employed, and most women who worked were engaged in informal-sector activities (primarily sewing) in their own homes.

Semistructured interviews with these women were carried out in the University of Alexandria’s public ob/gyn teaching hospital, where infertile women in this study had come for treatment and fertile women had come for prenatal care, childbirth, birth control, and gynecological care unrelated to infertility. Interviews with these women in the hospital lasted from two to twelve hours, depending upon the informant. In addition, unstructured interviews and participant observation were carried out in many informants’ homes, where husbands, neighbors, and traditional healers were also interviewed.

Thus, the ethnographic information presented here is derived from intensive interviewing of nearly two hundred lower-class Alexandrian women, as well as participant observation in their homes and communities. In many cases, I was accepted by these women as a friend and confidante, and they entrusted me with their stories, some of which will be described here.

Motherhood Pressures

In the poor areas of urban Egypt, women are not seen as bearing their “own” children in a hereditary sense. Rather, a widely held, “monogenetic” procreative ideology among the Egyptian urban poor views men as the procreators of fetuses, which are carried in their sperm, or “worms” (*didan*), to women’s wombs, which are viewed as “homes” for men’s children. (In colloquial parlance, the uterus is known as the “*bait il-wilid*” or “house of the child.”)³³ Given that men create fetuses, women are under considerable pressure to become willing mothers, to facilitate the proof of their husbands’ procreativity in the reproductive realm. Thus, to understand why married women *must* produce children—and

sometimes large numbers of them—it is absolutely essential to begin with an understanding of this monogenetic procreative ideology among the Egyptian urban poor and men's vested interest in impregnating their wives, in some cases many times over.

Given the widespread ethnophysiological belief that progeny are the hereditary property of men, what do women have to gain by having children? The fact that women do not see their children as their hereditary offspring does not mitigate the connection they feel to the children they bear. For one, women feel connected to their children through the experience of pregnancy and childbirth—events that only a woman can share with her child. Once the child is born, it becomes, for all intents and purposes, a woman's responsibility. Among the Egyptian urban poor, fathers are deemed responsible for a child's financial support and usually for its discipline. But beyond that the role they play in their children's lives is deemed optional and varies considerably from man to man.

Women, on the other hand, are seen as “naturally” performing child-care roles due to their maternal “instinct,” a kind of primordial drive fueling women's own motherhood desires, and their innate abilities to care for and love their children. In Egypt, women are fond of saying, “No woman doesn't love her children.” Mistreatment and neglect, although they occasionally occur, are said to result when a woman has too many children to care for, rather than from lack of love. In fact, a woman who does not love her children cannot be found in Egypt, according to most women.

Because women are seen as having this natural maternal instinct, it is believed that every woman *must* experience the love of motherhood in order to be “complete.” Indeed, motherhood completes a woman on multiply meaningful levels—as a full human being with an individual identity and self-concept; as a true female with the correct feminine reproductive parts and processes; and as a full adult woman who has passed beyond the transitional status as newlywed to assume the duties and responsibilities of parenthood. In other words, the achievement of motherhood implies both individual and social completion, the importance of which cannot be underestimated.

When a woman cannot have children, whether the infertility stems from herself or her husband, she is viewed as incomplete. Being a mother is thus an identity norm, or a “norm of being”;³⁴ in order to be

a “normal woman,” one must be a “normal mother,” which entails bearing the hereditary offspring of one's husband.

When children are not forthcoming, women are typically blamed for the infertility and are severely stigmatized—by the community and by their husbands' family members—for failing their husbands and for failing as women and as human beings. Thus, in Egypt, infertility, or the inability to bear the children of one's husband, is a tragedy of immense proportions *for women*. Such women are widely viewed as pathetic and even dangerous persons, who are missing motherhood and children in their lives.³⁵

In Egypt, the predicament of infertile women must also be historically situated. To wit, the past three decades have been a time of profound demographic transformation in Egypt. Millions of Egyptian villagers have moved to the cities, causing strains on urban infrastructure and absolute shortages of housing space.³⁶ Such rural-to-urban migration has been accompanied by two changes on the level of the urban Egyptian household that have been of tremendous significance in women's lives. First, urban women have lost their traditional skills and roles in the food-producing household economies characteristic of rural areas.³⁷ Second, they have been subject to the increasing nuclearization and isolation of the urban Egyptian family and subsequent dependency on husbands for financial and emotional support.³⁸

On the one hand, freedom from heavy agrarian and domestic responsibilities, as well as domestic service to sometimes tyrannical in-laws, has come as a boon to many urban women, who are able to devote more of their time to child care, to keeping their small living spaces tidy, and to enjoying leisure time, especially the “company” of the radio or television. On the other hand, most poor urban women today spend much of their time as domestic shut-ins, spending little time with their husbands and engaging in the solitary activities of cooking, cleaning, watching television, and caring for their children. Isolated from supportive networks of kinfolk and dependent on the economic and affective support of increasingly independent (and often unreliable) husbands,³⁹ poor urban women may experience profound alienation and anomie, especially if they suffer the misfortune of an “unlucky” marriage to a “bad” husband.

Furthermore, because women's work outside the home, especially manual labor, remains stigmatized and viewed as unappealing, the care

of children has become the only legitimate and valued role for most poor urban women. Consequently, childlessness usually generates an existential crisis of immense proportions for infertile women. For these women, life itself may begin to lose its sense of purpose. Infertile women often bemoan their “empty,” “meaningless,” “unfulfilled,” “unaccomplished,” even “useless” lives. They testify to their profound loneliness—as housewives trapped in small apartments, as spouses trapped in childless and sometimes loveless marriages, and as infertile women trapped in a pronatalist society. Furthermore, many infertile women describe feelings of profound fear, some even reporting that they “live in fear.” Cognizant of the tenuous nature of their marital bonds and the negative evaluation of their peers, many infertile women begin to wonder what will become of them—where they will go—should they be unable to give birth and their marriages fail. In other words, and most important to this discussion, being infertile increases women’s feelings of insecurity in their marriages, given their common belief that children “tie a husband to his wife.”

Marital Crises among the Infertile

Despite infertile women’s convictions that children are the key ingredient in securing the future of their marriages, having children is, in fact, no guarantee that a marriage will be unproblematic and ultimately successful. As we shall see, both fertile and infertile marriages face problems surrounding reproduction, although these problems tend to be of different kinds. In fact, it appears that *having* children may ultimately be more problematic and stressful to the marital relationship than having no children at all.

However, this is not to say that all infertile marriages are trouble free. Although stable marriages appear to be the most common type,⁴⁰ over half of all infertile marriages are deemed by women themselves to be “in crisis.” More specifically, women in these marriages contend that, if children are not soon forthcoming, their marital relationships will certainly change for the worse, with their husbands eventually replacing them with another woman. Although the instability of these marriages is often subtle, it is manifest in a progressive marital dynamic that typically proceeds as follows:

A husband and wife have been married for a year or more, and, much to their dismay, they have been unable to produce a child. Both of them

want children very much, and their families of origin also want them to produce offspring. With each passing month, their failure to reproduce is noticed—first by the women (the wife, her mother, her mother-in-law, her sisters and sisters-in-law), and then by the men (the husband, his male family members, his social peers). Increasingly aware of “the problem” and of mounting social scrutiny, the wife embarks on a therapeutic quest that takes her to both biomedical and traditional practitioners. If her husband loves her and supports these efforts, he encourages her to seek treatment, which he finances, and he agrees to undergo semen analysis. If, on the other hand, he views the infertility as his wife’s problem, she must “go it alone” and must finance the therapeutic quest by selling her gold or borrowing from her family. If, after some efforts at treatment, pregnancy does not occur, the husband begins to feel impatient with the situation—impatience that is exacerbated by members of his family, and especially his mother, who begin to encourage him to find a new wife. Although initially he may resist this idea, especially if he is in love with his wife, he begins to contemplate it in secret, believing that his wife does not notice. However, already fearful of this possibility, the wife has begun to analyze his every action toward her, looking for any signs of change. Indeed, she notices an increasing “distance” between them and a “coldness” on the part of her husband, which may be manifest in the form of mild insults or emotionally wounding “teasing.” Her husband may also insinuate or tell her directly that “the time will come” when he will have no choice but to remarry. When he says this, the wife’s depression deepens, and she embarks on a more panicked quest for therapy.

Over time, such marriages may progress beyond this stage of slight-to-moderate instability to extreme disruption because of what husbands perceive to be their wives’ infertility problem. In such cases, the marital relationship becomes extremely tense, either because of the husband’s disclosure of his imminent plans to replace his wife, or his threats to replace his wife if she does not soon become pregnant (within weeks or months), or his abandonment of emotional and physical intimacy, or his verbal abuse of his wife or instigation of severe verbal arguments, or, in particularly grave cases, his physical abuse of his wife. Because of their husbands’ behavior toward them and their knowledge that “replacement” is imminent, women in such extremely unstable marriages are in a frantic, reactive state of mind, characterized by a mixture of desperation, despondency, and defiance. Despite blatant mistreatment by their

husbands in some cases, most of these women are desperate to rescue their marriages through immediate pregnancy. As time elapses and therapeutic efforts fail, however, their feelings of despondency and hopelessness increase, and many women begin resigning themselves to their fate, commenting that "the rest is up to God." In some cases, women realize that it is only a matter of time before their husbands will accrue enough money to remarry; thus, they are forced to decide whether they prefer to remain with the husband in a polygynous marriage (if such invitations are even made) or to accept a divorce. Having been forced into this compromised position, many women become defiant, claiming that they have had "enough of marriage to last them a lifetime." In cases in which women are being physically abused by their husbands, direct acts of resistance may occur, including reports by women to the police about their husbands' violent behavior toward them. In short, in these extremely unstable marriages, replacement of the wife by the husband, who is often abusive, is certain to occur if children are not soon forthcoming. The story of Shireen will exemplify the nature of such marriages and the ways in which some poor urban men choose to exercise their marital power and authority over their wives through verbal and physical domination.

The Story of Shireen

Shireen was the eldest child of a poor farming family. Because Shireen's father died in her youth, her mother was forced to work as a servant to support her three daughters. To lighten her mother's load, Shireen agreed at the age of eleven to become engaged to a man from their village. However, this engagement was broken off, and Shireen was engaged for a second time to a man named 'Abdel-'Aziz, who had seen her walking on the street. They were eventually married and spent their first three years together living in 'Abdel-'Aziz's family's apartment while he commuted daily to his job in Cairo. As time passed, Shireen's mother-in-law became increasingly severe with her, given that Shireen had not produced any children for her eldest son. Not only did she prevent Shireen from seeing her mother, for whom Shireen was longing, but she began nagging 'Abdel-'Aziz about Shireen's continuing childlessness. Because of his mother's pressure, he began to pick frequent fights with Shireen—verbal arguments that eventually turned into physical abuse. On one occasion while they were staying at his

brother's apartment, 'Abdel-'Aziz beat Shireen so violently that she fled, screaming, from the apartment. The neighbors intervened, stopping his attack on his wife and resuscitating Shireen with onions and perfume after she fainted from the beating. Shireen fled from 'Abdel-'Aziz, returning to her mother with only the clothes on her back and without any money. Vindictively, 'Abdel-'Aziz went to the police, reporting that his wife had stolen gold worth 5,000 Egyptian pounds (about \$2,000 U.S.) from his family's apartment. However, when the case went to court, the neighbors all testified on Shireen's behalf, saying, "We saw her going home without anything, without gold. Everyone saw her going home after he beat her." The court ruled in favor of Shireen and told 'Abdel-'Aziz to release Shireen from her marriage. But he refused, saying, "I cannot live without her. If I give her a divorce, I will give her nothing." Indeed, if Shireen insisted that he divorce her, she knew she would lose all her bridal gold, which remained in his possession and was her only source of economic security. Therefore, so as not to burden her poor mother, she reluctantly returned to 'Abdel-'Aziz, who, by this time, had been given a permanent transfer by his company to Alexandria. There he secured a small furnished room and moved Shireen to Alexandria with him. Alone at last with Shireen, he began, literally, to torture his wife over children. Blaming Shireen for the infertility, he used this as an excuse to beat her once or twice a day over the two years before our interview. Shireen has suffered a ruptured eardrum and subsequent hearing loss, bruises and contusions over her entire body and face, which she now covers with a veil, and a dislocated wrist, which required surgery. Ironically, 'Abdel-'Aziz considers himself a "religious" Muslim and sports an untrimmed "Islamic" beard. Shireen believes that his behavior toward her would possibly improve if they only had children; thus, she plans to remain in the marriage and continue searching for treatment. Besides, she has nowhere else to go, and, among her people back in the village, a woman's request for a divorce is considered unimaginably shameful. Shireen's mother, too, feels she should remain in the marriage. When she sees Shireen, she tells her, "Everyone suffers; everyone must go through pain."

Marital Crises among the Fertile

Given the emotional and physical punishment endured by infertile women such as Shireen as their marriages decline, replacement—in the

form of divorce or polygyny—may come as a relief to some. Not surprisingly, a small percentage of women (for example, 6 percent in this study) are eventually replaced by their husbands because of their infertility. In most cases, husbands' desires for children overwhelm their feelings of loyalty to their wives, and, eventually, divorces or polygynous remarriages followed by divorce of the infertile wife occur.

However, infertile women are not the only ones to experience divorce or the untoward conjugal dynamics that often precipitate marital dissolution. In fact, proportionately, more fertile women than infertile ones are "replaced" by their husbands through divorce or polygynous remarriage, based on the findings of this study (where 9 percent of fertile women had been replaced by their husbands).

As with infertile marriages, most fertile marriages (for example, 59 percent in this study) appear to be relatively stable and trouble free, in that problems arising in the marriage are perceived by women themselves as being minor. Many of these marriages clearly involve mutual love, respect, and loyalty, as well as a commitment to work together to overcome the problems of being poor and having children to support. On the other hand, a significant proportion of all fertile marriages (for example, 41 percent in this study) are extremely strife-ridden and unstable, and threats of replacement are also a concern for many of these wives.

In fertile marriages, women are adamant that having too many children in the context of often dire poverty is the underlying cause of the different types of marital problems experienced by couples and, as an isolated factor, is the major cause of serious marital crisis. Among the urban poor, fertile marriages are often fraught with extreme financial difficulties surrounding the costs of raising children. In many cases, having enough money to buy food for their children is a source of constant anxiety for women. These subsistence concerns often become transformed into marital problems, as wives' demands for money are not met by their husbands, who, in turn, become enraged at their wives for demanding more than they can provide. In fact, although many husbands try their best to support their families, their meager salaries are often insufficient to meet the most basic needs of their children for adequate nourishment, clothing, and shelter. As a result, their children may be malnourished and sickly, and infant and child mortality is an experience common to many poor urban families (for example, one-third of all fertile couples in this study). Furthermore, fertile women in

these troubled marriages often suffer from their problems more acutely than infertile women because of their desires to protect their living children from the effects of chronic hunger and the abusive behaviors of disgruntled husbands.

In order to prevent the birth of unwanted, unaffordable children, most poor urban fertile women desperately attempt to control their fertility—either through traditional means (for example, immediate post-coital manual douching or the "rhythm" method) or through the use of modern contraceptives (primarily oral contraceptives or the IUD). However, because of misuse (often owing to fear of side effects), problems of availability, and failure of the contraceptive methods themselves, many unintended pregnancies continue to occur, for which husbands—most of whom do not play any active role in birth-control decision making—often blame their wives. As a result, women in these situations are faced with two choices: to abort with either traditional means or through an illegal and expensive abortion in a doctor's clinic (see Lane, this volume); or to bear a child that is unwanted and that will remind the husband of his inability to meet the financial needs of his family.

Additionally, some fertile women must deal with husbands who do not accept birth control for religious or other culturally pronatalist reasons.⁴¹ Yet when these men refuse to let their wives contracept and when unaffordable children are born each year, they eventually take out their economic frustrations on their wives—and, in some cases, on the hapless children themselves. Some husbands' negative reactions to excessive family size remain strictly verbal, but other men are physically abusive to their wives and sometimes to their children. Still others, unable to bear the burden of parenthood, simply abandon their families, usually until the pressure of public opinion forces them to return, often reluctantly. In some cases, the abandonment is largely emotional, in that labor-migrant husbands who continue to provide their families with remittances rarely return home or show any interest in their wives and children. The story of Rasha will serve to illustrate some of these problems.

The Story of Rasha

Rasha's problems in life started when her brother refused to marry their cousin. Both Rasha and her brother were engaged to the children of

their uncle. However, when Rasha's brother refused to go through with his marriage, their uncle retaliated by calling off Rasha's long-term engagement to his son. Rasha was heartbroken since she loved her cousin/fiancé. But Rasha's father, cross at his brother's retaliation, brought Rasha another bridegroom almost immediately, as if to say, "Look, my daughter isn't staying at home with no one asking for her in marriage!" Unfortunately, Hussein, Rasha's new fiancé, had a bad reputation and was a known gambler. However, Rasha's parents convinced her—and themselves—that, with marriage, Hussein would change his ways. Unfortunately, they were wrong, and Rasha's life has been miserable ever since. By the time Rasha and Hussein had their first child, Hussein was failing to provide economic support and, instead, was converting their few possessions into money with which to gamble. Starving and beaten during their arguments about money, Rasha took her baby and returned to her father's home because Hussein "didn't care whether she ate." She remained at her parents' home for three months, but, with intervention on the part of both sets of parents, she and the baby returned to Hussein. Because Hussein refused to let Rasha use birth control, they went on to have six more children, whom Hussein could not support. Realizing this, he abandoned his family four years ago, returning to Upper Egypt for a period of nine months. Livid and guilty over his responsibility for Rasha's initial failed engagement, Rasha's brother supported her family during this period of abandonment and fought for Rasha's divorce. However, because of Rasha and Hussein's many children, neighbors and family members intervened, convincing Hussein to return so that his children wouldn't "grow up like orphans." As Rasha explains her situation, "He's not a man for the house. He's not a real man because he can't carry responsibilities. I didn't want so many children, but he does. He's Upper Egyptian, and they like lots of kids. He just wants children, but he doesn't care what happens to them. Now I have seven children, so I can't ask for a divorce. I've asked three times for divorce. Each time, he refused. He said in court that he wants his children and his wife." Rasha says she feels sorry for herself and is very sad about the circumstances of her life. Her parents, too, who convinced Rasha to marry Hussein, are "very sad for her" since they are aware of her misery. But since they are incapable of supporting Rasha and her seven children, they refuse to take her in, encouraging her instead to stay in her marriage.

Although in Rasha's case she attempted unsuccessfully to initiate a

court-ordered divorce, most fertile women who end up as divorcées are repudiated by their husbands. Under Muslim personal status law, men have much greater latitude when it comes to divorcing their wives, and women can request a court-ordered divorce only under a limited set of circumstances.⁴² Furthermore, husbands who repeatedly threaten to divorce their wives and take their children with them ensure their wives' subservience in abusive marriages plagued by turmoil. Similarly, husbands may use the threat of seizing their children in order to control their wives' reactions to impending replacement. Thus, for fertile women, the problem of replacement is made all the more difficult because of the presence of children. Many women are essentially forced to compromise their own needs for what they perceive to be the best interests of their children. For them, this means either forfeiting their children to their husbands, keeping and supporting their children on their own (and thereby diminishing their own chances of remarriage), or remaining with their husbands in polygynous unions. In each case, these "solutions" are not really solutions at all, given that they result in unmitigated suffering for these women.

Conclusion

Although a great deal of attention has been paid to why Egyptians continue to "overpopulate" their country and why noncontracepting Egyptian women such as Rasha display a "reproductive motivation-behavior gap," little discussion has been focused on the sociocultural factors militating against population control efforts in the country. In this chapter, I have attempted to reframe the questions being posed in the Egyptian population debate by suggesting that we explore the nature of Egyptian identity and gender politics and particularly the reproductive relations of Egyptian husbands and wives.

As I have argued here, to understand why many urban Egyptian women, including desperately poor women, "fail" to contracept, it is necessary to understand the significant pressures virtually all Egyptian women face to become mothers and to "tie their husbands with children." Such motherhood pressures, I argue, are best viewed through the lens of infertility; by understanding the identity dilemmas and marital crises of infertile women, it is possible to understand the cultural imperative of motherhood among the urban Egyptian poor. Moreover, through understanding the dialectical relationship between infertility

and fertility, it becomes apparent why poor urban Egyptian women are desperate to prove their own fertility—and, perhaps more important, their husbands' procreativity—and why they may go on, at their husbands' insistence, to have many children.

In Egypt, poor women are placed in a reproductive double bind. On the one hand, they may be blamed, stigmatized, abused, or replaced by their husbands if they are unable to bear their husbands' children or live up to their husbands' reproductive expectations. On the other hand, they may be blamed, abused, abandoned, and replaced by their husbands if they have too many children—that is, more than the husband wants or can support. The reproductive conflicts of Egyptian husbands and wives may be exacerbated in the urban setting; there, nuclearization of the family and the loss of household food-producing economies have led to the proletarianization of Egyptian men in an inadequately productive wage labor market and the isolation and economic dependency of Egyptian women, who are socially barred from this market. Urban wage-earning Egyptian husbands, who are often employed in non-lucrative, back-breaking forms of manual labor, may not be able to support sufficiently the most basic subsistence needs of their families. It is not surprising that husbands' inability to provide for their wives and families may lead to frustration, which, unfortunately, may lead to physical and emotional abuse, abandonment, and marital dissolution.

As suggested by this study, approximately half of both infertile and fertile marriages among the urban Egyptian poor are "in crisis," which in some cases is severe. Yet, proportionately more "bad" marriages are found among husbands and wives *with* children, suggesting that children are not the major marital "tie" that many poor Egyptians believe them to be. Moreover, among those marriages in crisis, virtually all of the most serious problems are instigated by men, who choose to wield their social, economic, and physical power in ways that are ultimately destructive to their marital relationships.

It is important to reiterate in closing that the majority of poor urban Egyptian husbands do *not* viciously dominate their wives, reproductively or otherwise, or view them as opponents in their struggles for existence. Nevertheless, the stories of poor Egyptian women such as Shireen and Rasha suggest that patriarchy and consequent marked gender asymmetry persist among the urban Egyptian poor today and profoundly affect women's abilities to control their marital and reproductive lives. Thus, understanding the thorny politics of gender as they

affect conjugal reproductive relations is perhaps the crucial next step in achieving insights about the problems and potentials of future Egyptian population control.

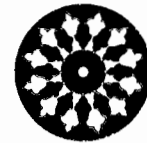
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