

First published in 2015 by
Berghahn Books
www.BerghahnBooks.com

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Library of Congress Cataloging-in-Publication Data

Assisted reproductive technologies in the third phase: global encounters and emerging moral worlds / edited by Kate Hampshire and Bob Simpson.

pages cm

Includes bibliographical references and index.

ISBN 978-1-78238-807-4 (hardback: alk. paper) -- ISBN 978-1-78238-808-1 (ebook)

1. Human reproductive technology--Moral and ethical aspects. 2. Globalization--Social aspects. 3. Human reproductive technology--Developing countries. 4. Human embryo--Transplantation. I. Hampshire, Kate. II. Simpson, Bob, 1956-

RG133.5.A87 2015

618.1'7806--dc23

2015002061

British Library Cataloguing in Publication Data

A catalogue record for this book is available
from the British Library.

Printed on acid-free paper

ISBN 978-1-78238-807-4 (hardback)
ISBN 978-1-78238-808-1 (ebook)

CONTENTS

Introduction	1
Assisted Reproductive Technologies: A Third Phase? <i>Bob Simpson and Kate Hampshire</i>	
Part I: (Islamic) ART Journeys and Moral Pioneers	
Introduction: New Reproductive Technologies in Islamic Local Moral Worlds <i>Marcia C. Inhorn</i>	20
1. 'Islamic Bioethics' in Transnational Perspective <i>Morgan Clarke</i>	30
2. Moral Pioneers: Pakistani Muslims and the Take-up of Assisted Reproductive Technologies in the North of England <i>Bob Simpson, Mwenza Blell and Kate Hampshire</i>	46
3. Whither Kinship? Assisted Reproductive Technologies and Relatedness in the Islamic Republic of Iran <i>Soraya Tremayne</i>	69
4. Practitioner Perspective: Practising ARTs in Islamic Contexts <i>Farouk Mahmoud</i>	83
Part II: ARTs and the Low-Income Threshold	
Introduction: ARTs in Resource-Poor Areas: Practices, Experiences, Challenges and Theoretical Debates <i>Trudie Gerrits</i>	94

Part I – Introduction

NEW REPRODUCTIVE TECHNOLOGIES IN ISLAMIC LOCAL MORAL WORLDS

Marcia C. Inhorn

Moral Pioneers in Local Moral Worlds

In 1988, exactly ten years after the birth of the first test-tube baby, Louise Brown, in England, an American feminist medical anthropologist, Rayna Rapp, published a path-breaking article on 'Moral Pioneers: Women, Men and Fetuses on a Frontier of Reproductive Technology'. While in vitro fertilisation (IVF) was being promoted as a new way of achieving pregnancy among infertile women, amniocentesis was being touted as a way for pregnant women to prevent the birth of disabled children through prenatal diagnosis. By 1988, both of these new reproductive technologies (NRTs) were beginning to be routinised in the US, UK and other Western countries as a way for women to have further 'choices' about their reproduction and motherhood.

However, as Rapp so poignantly articulated in her essay, and later in her award-winning book, *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America* (Rapp 1998), women who were being encouraged to adopt amniocentesis to 'control' their pregnancy outcomes (i.e. to abort fetuses with Down syndrome and other genetic defects) were being put in very difficult positions as 'moral pioneers'. As Rapp explained,

The local meanings of pregnancy, maternity, parental love, and adult gender identity shape the decisions surrounding abortion or the birth of a disabled child. Despite their diversity, retrospective interviews also reveal the common depths of isolation inherent in pursuing the consequences of this new reproductive technology ... Technology here creates a traumatic experience which is so deeply medicalised and privatised that its social shape has yet to be excavated, and a cultural language for its description yet to be found. (Rapp 1988: 111)

Rapp went on to argue that in American culture, 'where science and technology make powerful claims on the transformation of pregnancy and personhood' (ibid.: 114), feminist scholars must take an active role in listening to the discourses of women from a variety of social positions when they are forced to play the role of moral pioneers in their encounters with new reproductive technologies of all kinds. Despite the promotion of these technologies within mainstream Western medicine and the surrounding cultural discourses that valorise 'reproductive choice', Rapp's research was among the first to highlight the difficult moral dilemmas faced by women as they decide whether or not to undertake new reproductive technologies and, once undertaken, how to make sense of the sometimes untoward consequences and outcomes. In short, Rapp introduced the term 'moral pioneers' to capture women's highly fraught moral decision making in the midst of an expanding technological universe of reprogenetics.

Four years later, in 1992, American medical anthropologist Arthur Kleinman expanded upon Rapp's notion of moral pioneering in his seminal article, 'Local Worlds of Suffering: An Interpersonal Focus for Ethnographies of Illness Experience'. In this essay and then in his later two books, *Writing at the Margins: Discourse between Anthropology and Medicine* (Kleinman 1997) and *What Really Matters: Living a Moral Life Amidst Uncertainty and Danger* (Kleinman 2006), Kleinman argued that ethnographers must shed light on what he called 'local moral worlds'. As he explained,

What precedes, constitutes, expresses, and follows from our actions in interpersonal flows of experience are particular local patterns of recreating *what is most at stake* for us, what we most fear, what we most aspire to, what we are most threatened by, what we most desire to cross over to for safety, and what we jointly take to be the purpose, or the ultimate meaning, of our living and our dying. Nowhere is this moral cast to the flow of experience more recognisably

influential than in that type of experience of contingent misfortune or routinised misery to which we give the perennially resonant name 'suffering'. (Kleinman 1992: 129)

Through an 'ethnography of experience', Kleinman urged medical anthropologists to pay close attention to moral issues of spiritual pain and social suffering, which may accompany the arrival of new biotechnologies around the globe. Indeed, local moralities are perhaps best exposed when new health technologies confront deeply embedded religious and ethical traditions. Such traditions may embrace new biotechnologies (e.g. blood transfusion, kidney dialysis), but also prohibit others that do not meet with local religious norms (e.g. egg and sperm donation, abortion). For individuals confronting the moral stances and ambiguities of their local religious traditions, they must attempt to make sense of such religious responses, while at the same time invoking their own moral subjectivities to find acceptable solutions to their often dire health needs and concerns.

New Reproductive Technologies in Islamic Local Moral Worlds

Although Rapp's concept of 'moral pioneers' and Kleinman's concept of 'local moral worlds' were developed within a Western setting, the present volume shows the importance of moving these tropes to the Muslim world. In Part I, all three chapters are devoted to Islam and assisted reproduction, showing how practising Muslims must make sense of a dizzying array of reproductive possibilities to overcome their childlessness. These chapters highlight what is at stake for ordinary Muslims as they attempt to make reproductive decisions in a way that is morally satisfying and consistent with local religious norms. In short, these chapters ask: What do Muslim IVF seekers think about making a test-tube baby? And, when faced with the need for donor eggs, sperm, or gestational surrogates to overcome infertility, what do ordinary Muslim men and women actually do? Given the ongoing globalisation of ARTs to the Muslim world, these are all open questions.

Quite importantly, Islamic institutions and individual clerics have provided considerable guidance to Muslim couples as they attempt to overcome their infertility. As early as 1980, the first formal *fatwa*, or authoritative religious decree, on IVF was issued

by the Grand Shaykh of Egypt's Al-Azhar University, the world-renowned centre of Islamic learning (Inhorn 2003a, 2012). The Al-Azhar *fatwa* was supportive of IVF, as long as no third parties were used to donate reproductive material (i.e. eggs, sperm, embryos or uteruses, as in gestational surrogacy). IVF clinics thus opened in Egypt, Jordan and Saudi Arabia by 1986, during the very 'first phase' of ART development, per the introduction to this volume. By the 'second phase' of ART globalisation, the Muslim Middle East already boasted one of the strongest ART sectors in the world, a global metric unmatched in virtually any other region outside of the West. Today, there is not a single Middle Eastern country without its own IVF clinic. Furthermore, some of these countries have many clinics – Egypt with more than 50, Iran with more than 70, and Turkey with more than 110. Although other parts of the Muslim world have lagged behind, particularly Muslim countries in sub-Saharan Africa and Central Asia, these technologies are now well ensconced in the most populous Muslim countries, including Indonesia, Malaysia and Pakistan.

Given the rapid technological development and continuous diffusion of new forms of reproductive technology, the time has certainly come to examine the globalisation of ARTs to diverse Islamic contexts. The authors in this part of the volume are among a small group of about a dozen researchers who are engaging in empirical studies of assisted reproduction in the Muslim world (Inhorn and Tremayne 2012).

In general terms, it is fair to say that Islamic religious authorities have condoned IVF, making the technology morally permissible for practising Muslims. Such religious permission has clearly facilitated the aforementioned early development of a 'first phase' IVF industry across the Muslim world. However, it is equally important to point out that not all solutions to childlessness are equally valid from an Islamic standpoint. In particular, third parties of all kinds, whether they be egg, sperm or embryo donors, gestational surrogates or adopted children, are not allowed by Sunni Muslim religious authorities – and Sunnis represent about 90 per cent of the world's Muslims. The Sunni disavowal of third party reproductive assistance draws from diverse moral principles, but revolves around concerns over: purity of lineage and the genealogical confusion introduced by third parties; marriage and the equivalence of third parties with adultery; the possibility of incest among the half-sibling offspring of anonymous donors; and a child's rights to know parentage, with adverse psychological outcomes in the absence of such information.

These are all compelling justifications within the Sunni Islamic local moral world. However, not all Muslims agree with these anti-third-party stances. Indeed, since the new millennium – or what the editors call the ‘third phase’ of ARTs – there is increasing evidence of discordance and dissent across the Muslim world. Minority religious responses, particularly on the part of Shia Muslims (about 10 per cent of the world’s Muslim population), have been a particularly important part of this resistance. For example, in 1999, the Supreme Leader of the Islamic Republic of Iran, Ayatollah Ali al-Hussein al-Khamene’i – the hand-picked successor to Ayatollah Khomeini – issued a *fatwa* allowing donor technologies to be used (Inhorn 2003a; Clarke 2009; Clarke and Inhorn 2011; Inhorn and Tremayne 2012). As a result, since the new millennium, donor gametes and gestational surrogates are now being utilised by infertile couples in IVF clinics in Shia-majority Iran and Lebanon, currently the only two countries in the Muslim world to allow this practice.

In short, Islam, as a global religion, is not monolithic, timeless and unchanging. As noted by James Gelvin in his recent compelling history, *The Modern Middle East*:

The doctrines and institutions associated with Islam or any other religion are not frozen in time. They exist within history, not outside history. And while there are continuities of religious doctrines and institutions, the meaning those doctrines and institutions hold for society, and the function they play in society, evolve through time. (Gelvin 2005: 292)

In short, if we are to speak of an emerging ‘Islamic bioethics’ (Brockopp 2003; Brockopp and Eich 2008; Sachedina 2009), then it is important to bear in mind that Muslims do not agree on some set of common global norms or ‘best practices’. Islamic local moral worlds are as diverse as the technologies themselves. And when speaking of moral pioneers, it is important to emphasise that not all Muslims make the same moral decisions, nor think alike. Levels of religiosity vary tremendously. Some Muslims are pious, while others are not. Some are scripturally oriented, while others value independent reasoning. Some follow particular clerics, while others consider their primary relationship to be with God. Some know that they are ‘rule breaking’, but hope for God’s mercy and forgiveness. Others simply do not care, having left the religion, or having associated themselves with other traditions such as secular humanism, communism, atheism or ‘science’. This great diversity within the

world’s Muslims cannot be emphasised enough. Muslims do not follow a single path. Their local moral responses are mediated by a wide variety of ever-changing values and social forces.

Islamic Technoscience in Practice

Given the moral complexity of assisted reproduction – which invokes, among many other things, issues of embryo creation and disposition, fetal reduction through abortion, pre-implantation culling of diseased embryos or those of the ‘wrong sex’, donation of reproductive material between unmarried and anonymous persons, commodification of others’ bodies in order to create and carry a child, and so on – the ARTs and Muslims’ attitudes towards them provide a compelling nexus for the study of what might be called ‘Islamic technoscience in practice’. As noted by anthropologist Mazyar Lotfalian (2004) in his unique volume, *Islam, Technoscientific Identities, and the Culture of Curiosity*, there is a glaring lacuna in the study of science and technology in the Islamic world. According to Lotfalian, there are ‘really only two strains of relevant work’ – one on the Islamic medieval sciences, and the other on philosophical arguments for civilisational differences between Islamic and Western science and technology (i.e. Samuel P. Huntington’s so-called ‘clash of civilisations’ thesis). This dearth of relevant scholarship clearly applies to the cross-cultural study of ARTs. For example, in the seminal volume on *Third Party Assisted Conception across Cultures: Social, Legal and Ethical Perspectives*, not a single Muslim society is represented among the thirteen country case studies (Blyth and Landau 2004).

This is why the three chapters presented in Part I, all focusing on diverse contexts in the Muslim world, make a major contribution to our understanding of Islamic technoscience in practice. In his chapter ‘“Islamic Bioethics” in Transnational Perspective’, Morgan Clarke takes up the broad task of interrogating the notion of ‘Islamic bioethics’, a term that is increasingly invoked in scholarship on technoscience and medical practice in Muslim contexts. First, he challenges the idea that there is a discrete body of thought, or a separate academic discipline, which could be called ‘Islamic bioethics’. Rather, questions regarding Islam and medicine – usually posed as ‘Is X (the medical technique) allowed in Y (Islam)?’ – are taken up in the Islamic legal tradition of *fiqh*, or Islamic jurisprudence. However, as emphasised by Clarke, Islamic

fiqh debates and resulting *fatwas* are *not* the same as an 'Islamic bioethics'.

Instead, Clarke makes a strong argument for the 'local moral': namely, that any notion of Islamic bioethics must be 'reread' in light of local specificities. Clarke has conducted his field research in Lebanon, one of the most religiously diverse countries in the world, or at least in the Muslim world. There, a Shia Muslim majority prides itself on what Clarke calls 'contemporaneity', or 'keeping up with the times'. Part of this contemporaneity is an openness to new scientific and medical innovations, which are discussed, debated and often authorised by local Shia clerics. As a result, Shia Muslims in Lebanon are able to obtain ARTs that are not authorised for use by Lebanese Sunni Muslims. Furthermore, depending upon which cleric is followed, Shia Muslims themselves may differ in their opinions over the uptake of certain technologies, such as egg and sperm donation.

Such local constellations of political, religious and biomedical authority – or what might be called 'the local moral world' of ARTs in Lebanon – should be the focus of scholarly inquiry, according to Clarke. The search for abstract, 'transnational perspectives' on Islamic bioethics, he opines, is a misplaced pursuit. Thus, the title of Clarke's chapter – "Islamic Bioethics" in Transnational Perspective' – belies the author's actual support of Kleinman's call to arms: namely, that anthropologists must study the 'local moral' over the 'universal bioethical' if they want to understand what is truly at stake in the contemporary world of biomedicine (Kleinman 1997).

In the next chapter, 'Moral Pioneers: Pakistani Muslims and the Take-Up of Assisted Reproductive Technologies in the North of England', authors Simpson, Blell and Hampshire also examine the local moral worlds of the Pakistani Muslim minority population living within a working-class, diasporic British setting. ARTs are widely available in the UK, and receive government support through state subsidisation. However, the 'take-up' of these technologies is not straightforward within the Pakistani Muslim community in northern England. Through field research with both fertile and infertile community members, the authors show that the Pakistani community itself is diverse, with varying levels of education, religiosity, and knowledge about reproduction and ARTs. Nonetheless, 'community' matters. Young Pakistani Muslim couples who experience infertility often face quite invasive and interventionist scrutiny by community members, who may or may not encourage the uptake of ARTs. The authors show that

although some 'cosmopolitan' Pakistanis welcome ARTs as a solution to childlessness, others community members, including local imams and some Muslim physicians, may view these technologies with suspicion. Thus, infertile couples are often keen to keep their reproductive problems strictly private, and resort to ARTs in secrecy.

In this chapter, then, we see the emergence of new notions of *couple solidarity* and *companionate marriage* in the face of community pressure to have children; new desires for *reproductive privacy* in the midst of community intervention and surveillance; and new expressions of *ethical personhood* as infertile men and women 'go against the grain' of their communities' social and religious norms. As this chapter shows, infertile British Pakistani Muslim couples are increasingly taking morally pioneering stances by engaging with ARTs that are frowned upon, even condemned, by important members of their local moral worlds. Such resistances to communal authority are incredibly important to any discussion of ARTs and Islam in the new millennium, because such religious resistances seem to be increasing with each new technological development (Inhorn 2012).

In the final chapter, 'Whither Kinship? Assisted Reproductive Technologies and Relatedness in the Islamic Republic of Iran', this theme of resistance is abundantly apparent. For as anthropologist Soraya Tremayne (2009, 2012) has shown in her previous path-breaking work, Iran is leading the way into the brave new world of third-party reproductive assistance, with leading clerics taking morally pioneering decisions in this regard. As a result, Iran is currently the only Muslim country where third-party gamete and embryo donations are widely practised, along with altruistic and commercial gestational surrogacy. Yet, even within this 'permissive' ART environment, certain Islamic rules of kinship are supposed to be maintained. Most importantly, Islamic doctrines are very specific about incest and adultery, dividing men and women into two categories: *mahrams*, who are relatives and are not potential marital or sexual partners, versus *na-mahrams*, who are not relatives, but are potential marital and sexual partners.

What Tremayne is able to show through in-depth field research in Iranian IVF clinics is that infertile Iranian couples are wittingly or unwittingly flouting these kinship rules, sometimes with the tacit aid of doctors. For example, infertile men routinely use their brothers' sperm to impregnate their wives, sometimes without wives' knowledge. Brothers donate sperm to their sisters' infertile husbands, such

that the embryos formed are the product of a brother's and sister's gametes. And gestational surrogates are often siblings of the wife or husband, even though commercial gestational surrogacy with third-party surrogates is allowed and available in the country.

Tremayne argues that the introduction of donor technologies and surrogacy in Iran has served to keep reproduction 'all in the family', strengthening kinship bonds. Namely, exchanges of gametes and wombs between family members are seen as consolidating the bonds within the kin group, even if such exchanges are illicit from an Islamic moral perspective, and problematic from a genetic perspective as well. Although the merging of a brother's and sister's gametes in a petri dish might be viewed as 'incest', those infertility patients and physicians who are undertaking these sibling-gamete combinations resist the incest label, arguing that incest has not occurred because no sexual activity has taken place.

In short, within the local moral world of Iranian ARTs, the importance of biological connection is being reinforced, at the same time that Islamic rules of marriage, filiation, descent and incest are being undermined. The future of kinship, Tremayne concludes, is uncertain, because the long-term outcomes of these close-relative donations and bodily exchanges remain to be seen in the lives of the offspring thus produced.

Conclusion

As assisted reproductive technologies become further entrenched in the Muslim world, and as additional forms of biotechnology, including new forms of long-term egg freezing, embryo-produced stem cells, and even human reproductive cloning eventually become available, it will be crucial to interrogate new local moralities, as well as new manifestations of kinship and conjugality that are likely to arise in response to these technological innovations. Thus, as anthropologist of science and technology, David Hess, rightly observes, 'Anthropology brings to these discussions a reminder that the cultural construction of science is a global phenomenon, and that the ongoing dialogue of technoculture often takes its most interesting turns in areas of the world outside the developed West' (Hess 1994: 16).

Marcia C. Inhorn is the William K. Lanman Jr. professor of anthropology and international affairs at Yale University. A specialist on Middle Eastern gender, religion and health issues, Inhorn has conducted research on the social impact of infertility and assisted reproductive technologies in Egypt, Lebanon, the United Arab Emirates and Arab America over the past thirty years. She is the author of five books on the subject, and (co-)editor of nine volumes, including *Medical Anthropology at the Intersections: Histories, Activisms, and Futures* (2012). Inhorn is the founding editor of the *Journal of Middle East Women's Studies* (JMEWS), and co-editor (with Soraya Tremayne) of Berghahn Books' *Fertility, Reproduction and Sexuality* series.