

The Art of Medical Anthropology

READINGS

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Hind's Story¹

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"Since I was twelve, I suffered a lot. The first time I got married, God gave me a child and I was suffering with his sickness and my husband. And now that I have a good husband, I don't get a child. I did a lot of things to try to get pregnant. I'm sure after listening to each woman's problems, you'll see mine are the worst."

These are the words of Hind,² an infertile Egyptian woman who is "searching for children" by embarking on a desperate, relentless quest for therapy. The goal of her search is simple: to overcome her protracted state of infertility by becoming pregnant and delivering a living child. Yet, as we shall see in the story that follows, Hind's quest, which takes her down many therapeutic roads, proves to be a difficult journey, one filled with pain, suffering, and sadness.

The second of four daughters of a farmer who had migrated to Alexandria in search of work, Hind was widely considered within her *baladi*, or traditional, lower-income neighborhood to be a young, voluptuous beauty. By the age of ten, the budding Hind – whose body was already "big, boiling" – had two suitors, one of whom she loved and hoped to marry. But, despite Hind's protestations, her father married her as a twelve-year-old to another rural migrant, who Hind felt treated her like his "she-donkey." When concern arose over Hind's failure to conceive after five months of marriage, Hind's husband's sister brought her a small, miscarried fetus. She told Hind to place the fetus in a large pan of water and to bathe with this water at the time of the Islamic noon prayer over three consecutive Fridays. Lo and behold, Hind became pregnant after only a few months. However, her husband, prone to domestic violence, beat her with a boot in her pregnant belly, causing what Hind believed to be her future postpartum complications. When the baby was born, he had pus in his eyes and could not open them. Hind herself was "about to die": an excruciating, postdelivery pelvic infection had seized her abdomen, doubling her over with pain for a period of three months. When her father finally secured the money to take her to a doctor, the treatment caused "a lot of pus to come down and heat". With the doctor's strong medicine, Hind eventually recovered, but her infant son developed pus-filled boils over his entire body and, shortly after his first birthday, succumbed to a fatal respiratory infection and diarrhea. Abused and miserable, Hind pleaded with her father to help her obtain a divorce and was successful in convincing him – and, through him, her malicious husband – of the desirability of a dissolution of the ill-fated marriage. But, as a divorcée, Hind was a burden on her poor family, even though she served as a surrogate mother and wet nurse to her two infant sisters.

At the age of sixteen and against her will, Hind was married again – this time to a handsome young man named Rayda, who was also divorced and had no children. But their marriage, too, was plagued with troubles from the start. Because Rayda was an uneducated, unskilled laborer, he

could not provide a stable income nor the key money necessary to secure a room, let alone a real apartment, for himself and his new bride Hind. Thus, Hind, whom Rayda forbade to work, was forced by economic circumstances to spend the next ten years of her second marriage living in the two-room apartment of her in-laws, located in a government housing project in central Alexandria. Not only was the tiny apartment cramped with furniture and seven human occupants, but it was also the site of perpetual discord between Hind and her mother-in-law, who was distraught by the continuing inability of her daughter-in-law to provide her eldest son Rayda with offspring.

Within two months of Hind's and Rayda's marriage, Hind's mother-in-law began telling Hind, "There is nothing" (i.e., no pregnancy). Soon, she began comparing Hind to other women in the neighborhood, saying, "This person became yellowish because she's pregnant. This woman gained weight because she's pregnant. And this other woman is tired because she delivered a baby. But you, you are like a house that is standing. You are like a man. You don't have children. You are like a tree that doesn't bear fruit." Feeling extremely pressured by her mother-in-law's incessant comments, Hind began "searching for children" a search that began with the doctor who had once treated her for her postpartum infection. He performed the painful procedure *kayy* (i.e., electrocautery of the cervix) on her and prescribed a year-long regimen of pills and vaginal suppositories. When these did not 'cure' her presumed infertility, Hind took her neighbors' advice to make herself a *sufa*, a vaginal suppository of sheep's wool dipped in black glycerin. Each evening for the three days immediately following her menstrual period, Hind 'wore' the *sufa*, removing it only during intercourse. In the morning, huge amounts of water gushed from Hind's vagina, indicating that she did, indeed, suffer from *rumb a*, or humidity, in her uterus. However, despite 'drinking' the humidity, the *sufa* did not make Hind pregnant.

So, after coaxing Rayda to give her money, Hind went to another doctor. This gynecologist performed a pelvic examination on Hind and prescribed "pills in a blue box" – namely, the fertility drug Clomid (clomiphene citrate), a drug that would be prescribed for Hind by at least seven other physicians. However, after Hind's first attempt at Clomid therapy failed to make her pregnant, she decided to undertake additional *wasfat baladi*, or folk remedies, which she would try off and on again – and often simultaneously with medical therapies – over the course of her twelve – year therapeutic quest.

On one visit to a physician, Hind met another infertile woman who told her to go to the *'atar*, or herbalist, to buy a red and white stone called *dam al-akhawain*, or 'blood of the two brothers.' Hind was to crush this stone, boil it, and drink it with the boiled water, eating the crunchy remains. (She did not realize: that this 'stone' was actually a dark-red resinous substance called *Dracaena cinnabari*, or 'dragon's blood', derived from the dragon tree, *Dracaena draco*.) However, this 'bloody' substance, which Hind dutifully ingested over several months, did not cause Hind's own bleeding (i.e., menstruation) to cease.

Thus, Hind's mother-in-law, who was becoming increasingly vexed with Hind's pregnancy delay, decided to intervene, bringing Hind three large pearls – one reddish, one greenish, and one yellowish. She told Hind to put the pearls in a pan of water and then bathe with this water at the time of the Friday noon prayer over three consecutive weeks. When this cure failed, her neighbors brought her a miscarried fetus that had been preserved in saltwater like a jar of pickled cucumbers and told Hind to immerse the pickled infant in water and then bathe herself with this water. Again, the cure failed, but Hind's resourceful neighbors encouraged her to go to a deserted Christian cemetery, to look for a child's bone there, and to step over this bone seven times. Hind did as she was told over three consecutive Fridays at the time of the Islamic noon prayer. In each

case, Hind's in-laws and neighbors told her to perform these bathing and cemetery rituals because they strongly suspected that Hind had been subject in both marriages to *kabsa* (also known as *mushahara*). In a state of *makbusa* (also known as *mitshahara*), Hind was deemed infertile because of reproductive 'binding', which, in her case, probably resulted from some unclean woman entering her room during the first lunar month following one or both of her weddings and/or the birth of her son. Unless she found the appropriate means of unbinding herself, Hind would certainly continue to remain childless. Unfortunately for Hind, none of the *kabsa* rituals recommended for her during her second marriage were successful, although washing with a miscarried fetus had 'unbound' her in her first, short-lived marriage.

Hind's mother-in-law, operating under the assumption that Hind might not be *makbusa* after all, began suggesting other remedies, some of which she carried out on Hind's body. For example, she decided to perform *kasr*, or cupping, on Hind's back and abdomen to remove any humidity from her uterus and ovaries. First, she tied some salt in a piece of cloth, smeared the end of the bundle with cooking oil, then placed it on Hind's back and lit it. With the oily cloth ignited, she placed a small glass jar over the flame, extinguishing it and 'catching' Hind's back. The repeated cuppings on Hind's back and abdomen caused some discomfort, but nowhere near that of the cuppings performed on her by a *daya*, or traditional midwife, who undertook *kasr* with a large clay pot. The piece of pottery 'held' Hind's back so strongly – like a suction cup – that each act of cupping was extremely painful. Each time the pot was removed, large amounts of steam, indicative of humidity in Hind's reproductive organs, emerged from beneath. The *daya* repeated the cupping on several places on Hind's lower back, on her abdomen over her 'tubes and ovaries' and on the front of her thighs and calves. Afterward, Hind was in excruciating pain, and her body became covered with large bruises. Realizing his wife's misery, Rayda became extremely upset at both Hind and his mother for attempting such a dangerous, nonsensical therapy.

However, Rayda's anger did not dissuade his mother from tormenting his wife with insults and relentless pressure to 'find a cure'. Although Hind's mother attempted to intervene – suggesting to Rayda's parents that it was their own son who was infertile, given his childlessness in his previous marriage and Hind's demonstrated reproductive success – Hind's mother-in-law could not be convinced that Rayda was to blame. Instead, her vituperative attacks on Hind, whom she called a *dhakar*, or male, increased over time, as did her pressure on Rayda to divorce Hind for a 'fertile' wife.

By this point, Hind, fearing for her marriage, was becoming desperate. Earlier, Rayda had been 'seduced' by a female coworker and had attempted to instigate a polygynous marriage, although he insisted to Hind that this had "nothing to do with children." When Hind told Rayda that she would rather be divorced again than to live with a cowife, Rayda rescinded his marriage offer to the other woman and renewed his commitment to Hind, telling her she was 'precious' to him. Nevertheless, Rayda's desire for another wife bothered Hind tremendously; coupled with her mother-in-law's mistreatment of her and the old woman's pressure on her son to remarry, it made Hind's need for a child to 'tie her husband' to her all the more pressing.

Indeed, Hind was willing to try almost any therapy in order to conceive. On one occasion, she went to a hospital 'refrigerator' (i.e., the morgue) and, after providing the morgue attendant with a generous tip, was taken to a dead body covered with a sheet. The attendant told Hind to circumambulate the body seven times – much as the pilgrims on the *hajj* to Mecca circumambulate the holy stone called the *Ka'ba*. Upon Hind's final rotation, the attendant suddenly flung her onto the dead man's body, so that her head was on the dead man's head, from which fluids had leaked from

his nostrils and mouth. This unexpected episode in the morgue shocked Hind – so much so that “since that day, I’m scared of anything.” Yet, the point of the therapy was to do just that: to ‘countershock’ Hind in case *khadda*, a shock or sudden fright, had caused her to become infertile. Earlier, Hind’s father-in-law had tried to countershock her by placing a large, wriggling fish on her chest while she was sleeping, and Hind’s brothers-in-law had thrown several mice and cats at her. However, Hind’s infertility did not appear to be shock-related, because none of these countershocking strategies were successful.

With the household in an uproar over Hind’s infertility, she began to seek spiritual intervention. First, Hind made a journey to the mosque and tomb of Shaikh Abū ’l-’Abbās al-Mursī, the famous dead *Sufi* mystic and ‘pious one’ who, by virtue of his *baraka*, or divine blessing, was able to intercede for pilgrims in their prayer-requests to God. Hind first prayed regularly, then requested from God that he give her a child, vowing to return to the mosque annually if he granted her wish. She also began talking to a number of other women pilgrims at the mosque. When Hind told them that she was infertile after having had a son who died, one of the women told her to go to a Muslim cemetery and find a gravekeeper who would be willing to let her dig up a baby buried face down. If Hind could turn the infant to the correct position on its back, this might serve to calm the *malaika*, or angels, who were angry at Hind for allowing her son to be buried face down in the earth, thus “giving his back to God”. Hind also spoke to a *munaggima*, a female spiritist healer, who was known in the neighborhood for leading the *zar*, or spirit placation ceremony. The *munaggima* told Hind, “You have a sister spirit who is upset with you, and you have to console her.” She told Hind to wait until a Thursday evening and to light two candles, one behind the bathroom door and the other in front of the front doorstep, leaving the candles burning all night. On Friday at the time of the dawn prayer, Hind was to wipe the floor with licorice in water. She was to repeat the candle-burning ceremony the following two weeks, but each time placing only one candle on the side of the bed where she slept. In the morning, she was to wipe the floor with rose water, and the following week with henna. This, the *munaggima* assured her, would appease the *ukht taht il-ard*, Hind’s ‘spirit-sister under the ground’, who might be upset with Hind, thereby preventing her from becoming pregnant.

Hind could not bring herself to have a child dug up in the cemetery as she had been told by the woman at the mosque. But she did go home and perform the candlelight cleansing ceremony as directed by the *munaggima*. She waited several months to see if her spirit-sister would allow her to become pregnant, but the ceremony to appease the spirit had no effect.

Thus, Hind went to the mosque and tomb of Sitt Naima, a small, specialized mosque in Manshiyyah, the old quarter of Alexandria, known as a pilgrimage center for the infertile. There, Hind waited with a large crowd of other women until the Friday noon sermon for men was finished. Afterward, these women ascended the stairs, two by two, to the *shaikh* perched above the crowd. There, the *shaikh*, seated behind a pulled-back curtain, said prayers over each pair of women. After Hind finished her turn, she was told by the women organizing the proceedings to drink some of the ablution water from the front of the mosque and to rub a bit on her breast and abdomen. As Hind explained, “Sitt Naima is considered to be one of God’s people, so it’s blessed water from Sitt Naima. It has her *baraka* [blessing] in it”. At the mosque, Hind also bathed her face and limbs with water in which the *mushaharat*, or multicolored beads “from the Prophet” in Saudi Arabia, had been placed. Hoping that the *mushaharat* would unbind her if she happened to be *makbusa*, Hind returned on two consecutive Fridays to repeat the ritual. She was also told to go to a nearby cemetery with a doll made of henna, to bury it on the cemetery grounds, to urinate on

the spot, and to leave the cemetery from a door other than the one she had entered. In addition, she was instructed to obtain some bones from the cemetery and to step over them seven times during the next three Friday noon prayers.

Not surprisingly, given Hind’s previous lack of success, neither Shaikh Abū ’l-’Abbās al-Mursī’s intercession, nor Sitt Naima’s blessing, nor the *munaggima*’s strategy for spirit placation, nor the rituals to unbind *kabsa* were powerful enough to overcome Hind’s infertility. Thus, Hind decided to seek the *baraka* of the ‘biggest physicians’ – those working at the University of Alexandria women’s hospital. Although Hind had already consulted numerous physicians about her case, none of them could tell her what was wrong with her, even though they had prescribed painful, invasive ‘therapies’. These included *kayy*, or cervical electrocautery, and *nafq*, or tubal insufflation, a potentially life-threatening procedure in which carbon dioxide is insufflated, or pumped into the uterine cavity to supposedly ‘open up’ blocked fallopian tubes. The problem was that none of these physicians had ever verified that Hind’s fallopian tubes were, in fact, blocked, even though *nafq* had been carried out on Hind by four separate doctors. Thus, Hind hoped that, by going to the university hospital, she would finally learn something meaningful about her case.

Having preserved all of her medical records in immaculate condition under her mattress, Hind took them in a shopping bag to the hospital’s outpatient clinic. There, the doctor in charge took one look at Hind’s recent hysterosalpingogram (an x ray of her uterus and fallopian tubes), threw the x ray on the table, and told her, “Go home. Go home. Give up and leave your compensation to God.” Hind was shocked and fainted, since “he meant I was not going to get pregnant at all.” After they resuscitated Hind, the doctor told her, “I know it’s very hard for you to accept, but that’s the truth. I can’t lie to you.” Inconsolable and weeping, Hind ran into a neighbor who worked at the hospital, and he asked her what was wrong. She told him, and he took her to another physician. After examining Hind’s x ray, the physician told Hind, “I think I can help you by doing an operation.” Hind told the physician that she had already undergone many small operations and one big one. The doctor asked, “Did any of these gynecologists open your abdomen?” to which Hind replied, “No, they were from down [i.e., vaginal].” The doctor shouted, “The thieves! To open your tubes you need an operation to open your abdomen. They just stole your money and did nothing for you.” He proceeded to perform a pelvic examination on Hind and to order a second x ray. He told her, “I want to see, honestly, if your tubes are blocked,” and he promised her that she would be hospitalized only one day.

Unfortunately, one day turned into three months, in part because the x-ray machine was broken. Eventually, Hind underwent *il-manzar*, or ‘the view’ (i.e., diagnostic laparoscopy), to assess the state of her fallopian tubes and ovaries. The laparoscopy showed that Hind suffered from bilateral fallopian tubal obstruction, probably acquired nine years earlier as a result of her postpartum infection. The two ‘biggest professors’ at the hospital advised Hind to have tubal surgery, which they would perform after they returned from the pilgrimage in Saudi Arabia. Hind immediately accepted their offer of free surgery (free because it was to be carried out in the university teaching hospital); however, when she told Rayda what she planned to do, he refused to sign the consent forms, fearing for Hind’s life. Refusing to be dissuaded from her decision, Hind, although illiterate, ‘signed for him’ (i.e., forged Rayda’s signature).

While in the hospital awaiting surgery, Hind was seen by a young doctor, who told her, “Do you know the success rate of this operation? It’s only five percent.” Hind began to cry, but the doctor consoled her by saying, “Maybe you are one of the lucky five percent.” Hind went ahead with the operation, marveling at the fact that “about thirty doctors were in the room.”

Following the *'amaliya*, or operation, Hind was given powerful medicines to keep her fallopian tubes open. Yet, during a two-year postoperative period, Hind found that the surgery 'brought no results'. She returned to the hospital, where a doctor ordered yet another painful pelvic x ray with dye and then referred her to the newly created 'infertility clinic'. There, the young doctor in charge of Hind's case informed her that one of her fallopian tubes remained completely blocked and that the other one was open but badly damaged. Therefore, he did not consider her to be a good candidate for *il-hu'an*, or 'the injections' (that is, artificial insemination using her husband's sperm). According to Hind, he told her, "The injections won't work with you, and I'm scheduling you for a tubes baby".

Despite her depression over the failure of her tubal surgery, Hind's hopes were restored by the possibility of having *'ifl-anabib'* or a 'baby of the tubes' via in vitro fertilization (IVF). However, she feared Rayda's reaction to the subject. Rayda, frankly, had proved himself to be a devoted husband. No longer tolerating the fights between Hind and his mother, he had finally sided with Hind, moving her from his parents' centrally located apartment to a small apartment in the distant, rural outskirts of Alexandria. The move was extremely beneficial to their marriage, although Rayda continued to commute daily to visit his domineering mother.

However, when Hind told Rayda that she was being scheduled for a 'baby of the tubes', he was extremely upset, asking her many difficult questions. How are babies made in tubes? Are they born in tubes? How would they ever know for sure that a tubes baby was their own child? How expensive is a tubes baby? Hind had no knowledge about how babies of the tubes were created or how much they cost. And, knowing how busy her doctor was, she feared asking him these questions, feeling that she would be imposing on his time.

Although Rayda, ultimately, left the choice for in vitro fertilization up to Hind, he did not want her to try yet another hopeless treatment. He told her, "I'm happy like this. Why should you go through this and suffer like this? If God wants to bring us children, he'll bring us. Without injections. Without treatment. Without operations. If he doesn't want to bring us, we are still happy like this. I will not one day ever think of remarrying or think that I want a baby at all." However, Hind convinced the reluctant Rayda to let her try IVF, even getting him to provide a semen sample for analysis after beseeching, "Look, I went through so many things. Do it for me this time."

Although eight months have passed since Hind was told about IVF, she is still far from undergoing the procedure at the hospital. Unfortunately, IVF is very expensive, and it will be affordable to Hind only if Rayda agrees to sell the television and stops smoking two packs of cigarettes a day. This, she concedes, will never happen. Thus, she must ponder some other way of obtaining the necessary cash. Although Hind is only thirty-one years old and has, theoretically, at least a decade of potentially fertile years ahead of her, she greatly fears that her overwhelming desire for a child – "just one child" – will never be satisfied. Although Rayda has been good to her and nearly convinces her that he will never "remarry for children", Hind still worries about his continuing commitment to her, given the ongoing pressures from his family to replace her with another wife. For Hind, the future is the source of uncertainty and fear. She hopes someday to be able to accrue the hundreds of Egyptian pounds necessary to create her own baby of the tubes, for she now feels that this may be the only solution to her recalcitrant infertility problem. Yet, whether or not she is able to undergo IVF, Hind vows that she will never stop "searching for children".

Notes

- 1 Reprinted from M.C. Inhorn, *Quest for conception: Gender, infertility and Egyptian medical traditions*. Philadelphia: University Press, 1994, pp.xix-xxvii, with permission of the author.
- 2 The name is a pseudonym.