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# MASCULINITY AND MARGINALITY: PALESTINIAN MEN'S STRUGGLES WITH INFERTILITY IN ISRAEL AND LEBANON

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## ABSTRACT

*Male infertility, which contributes to roughly 60–70% of infertility cases in the Middle East, is especially agonizing in this region, where fatherhood is crucial to achieving masculine adulthood and community standing. In this paper, we compare the infertility experience of two groups of Palestinian men, one living in Israel and the other in Lebanon. The study is based on ethnographic interviews conducted with 24 men between 2003 and 2007. The findings cluster at three levels of daily experience. At the subjective level, men express a sense of “asynchronization,” namely, feeling as if they are lagging behind or deviating from the normal masculine life trajectory. At the community level, men vary greatly in their disclosure practices, but all are preoccupied with monitoring the flow of infertility-related information. We attribute the centrality of this gate-keeping activity to the stigma of infertility and related treatments. At the societal level, the state’s role acquires heightened significance, owing to the marginalized minority status of Palestinian men in both countries. Our comparison reveals two contrasting situations: In Lebanon, the high cost of treatment places it beyond the reach of many Palestinians, thus epitomizing their civil marginality and poverty. In Israel, where fertility treatment is state-funded, eligibility on the grounds of one’s Israeli*

*citizenship comprises a relatively positive experience for Palestinian men, who are otherwise routinely discriminated against in crucial life domains. More generally, the study illustrates how advanced fertility treatments, in their global spread, serve to entrench ideas of reproductive normalcy, individuality, and citizenship.*

## INTRODUCTION

Within the world of infertility and its treatment, men are often marginalized as the “second sex” (Dudgeon and Inhorn 2004; Inhorn and Birenbaum-Carmeli 2008; Inhorn, Tjørnhøj-Thomsen, et al. 2009). This position is evident also in scholarly literature that tends to overlook men’s experience of infertility (Birenbaum-Carmeli, Carmeli, and Casper 1995; Lloyd 1996; Becker 2000; 2002; Inhorn 2002; 2003a; 2003b; 2004; 2006a; Upton 2002). From studies that are starting to appear, male infertility emerges as a highly stigmatizing condition that impacts men’s subjectivities and their family and social lives. The largely mistaken conflation of infertility with impotence further exacerbates the stigma (Webb and Daniluk 1999; Inhorn 2002; 2003a; 2003b; 2004; Upton 2002). In non-Euro-American settings, male infertility may become an engulfing “master status” (Greil 1991), casting a permanent shadow on a man’s community standing. An indirect indication of the depth of this stigma is the prevalent tendency to place the “blame” for the infertility on the female partner, even when the reproductive problem lies within the male body (Inhorn and van Balen 2002; Inhorn 2003a).

In the Middle East, where married men are generally expected to have children (Ghoussoub and Sinclair-Webb 2000; Inhorn 2002; 2003b; 2004; 2006), male infertility is a particularly stigmatizing condition (Inhorn 2002; 2003a; 2003b; 2006a), eroding a man’s basis for patriarchal authority and community standing (Carmeli and Birenbaum-Carmeli 1994; 2000; Lindisfarne 1994; Ghoussoub and Sinclair-Webb 2000; Inhorn 2002; 2003b; 2004). As such, it may come as a shattering blow to one’s self and social identity. This impact is especially significant, given that male infertility is exceptionally prevalent in the Middle East. Whereas in Euro-America, “male factors”<sup>1</sup> are thought to contribute to about 40–50% of all infertility cases, in the Middle East, the comparable figure is assessed at 60–70% of Muslim and Christian men presenting in

infertility clinics (Inhorn 2004). This high prevalence is attributable to several possible sources: namely, relatively low rates of tubal factor infertility among women; higher rates of environmental spermatotoxins (e.g., air pollution, pesticides, and heavy metals) (Hopkins, Mehanna, and el-Haggag 2001; Inhorn, King, et al. 2008); and heavy consumption of caffeine and tobacco (Inhorn and Buss 1994; Curtis, Savitz, and Arbuckle 1997; Kobeissi et al. 2008). In addition, a significant proportion of male infertility may be due to genetic mutations,<sup>2</sup> which may be exacerbated by consanguineous marriage practices across the region. Such genetic forms of male infertility tend to be very severe and clustered in families (Baccetti et al. 2001; Latini et al. 2004; Inhorn, Kobeissi, et al. 2009).

Until the early 1990s, biomedicine had little to offer to infertile men beyond donor insemination, which is strictly prohibited in most Muslim countries (Sonbol 1995; Inhorn 1996; 2003a; Serour 1996; Meirow and Schenker 1997). The exceptions are the Shi'a-dominant countries of Iran (Abbasi-Shavazi et al. 2008; Tremayne 2009) and Lebanon (Inhorn 2006a; 2006b; Clarke 2009), where sperm donation is practiced in some clinics under Shi'a religious guidelines. However, in 1991, a new form of *in vitro* fertilization (IVF) called intracytoplasmic sperm injection (ICSI) was developed in Belgium specifically to overcome male infertility.<sup>3</sup> Through injecting "weak" sperm directly into oocytes under highly controlled laboratory conditions, ICSI gives even severely infertile men a realistic chance to father biogenetically related offspring.<sup>4</sup> Nonetheless, ICSI is an expensive technique—costing between \$2,000 and \$5,000 in most Middle Eastern IVF clinics. Apart from Israel, Middle Eastern countries do not generally subsidize the treatment, thus effectively restricting utilization to the middle and upper classes (Inhorn 2003a).

In Israel, on the other hand, the state funds practically unlimited fertility treatments, including IVF and ICSI. Treatment is highly advanced and is extended to women of all marital statuses and sexual orientations until they have two children with their current partner, to the age of 45, or, if using donor oocytes, to age 51. Consequently, the country has the world's highest rate of IVF and ICSI cycles per capita and its clinic clientele is more socioeconomically diverse than elsewhere around the world (Kahn 2000; Birenbaum-Carmeli and Carmeli forthcoming). Though this exceptional funding policy is aimed primarily at

the state's Jewish population, treatment is equally available to non-Jewish Israelis. (Palestinians of the Gaza Strip and the West Bank do not hold Israeli citizenship and are not eligible for treatment.) Palestinian citizens of Israel are therefore the only Middle Eastern Arab population with free access to IVF and ICSI. Given the high fertility rates (four children per family) of the local Muslim population (I/CBS 2007a) and the significance of childbearing as a symbol of authenticity and resistance toward Israel's attempts to curb Muslim birth rates (Kanaaneh 2002), and in light of the high rate of male infertility in this population, the availability of ICSI to Palestinian men in Israel is especially significant. In this regard, they fare better than Palestinian men in neighboring countries, including Lebanon where the substantial Palestinian refugee population (nearly 400,000 strong) does not receive state-subsidized healthcare services, and where infertile Palestinian men must therefore pay out of pocket for ICSI. Indeed, in both Israel and Lebanon, Palestinians are the victims of substantial *de jure* and *de facto* discrimination in multiple realms of daily life. Infertility may serve to increase Palestinian men's sense of marginalization and suffering, especially in the Lebanese context, where ICSI services may be effectively inaccessible to the largely impoverished refugee Palestinian population.

Given this background, we conducted a study comparing Palestinian men's experiences of infertility, masculinity, and ICSI access across the fraught Israeli-Lebanese political divide. The goal of the study was to assess the impact of male infertility on Palestinian men's gender and community identities, particularly given their marginalization as unwanted minorities in both societies. An additional goal was to assess how infertile Palestinian men attempt to overcome their reproductive health problems, given state subsidization of ICSI in Israel but not in Lebanon.

## RESEARCH SETTINGS

### Palestinian Citizens of Israel

Constituting a sizable 20% minority, non-Jewish Israelis are officially equal citizens. However, in practice, this minority population has been subjected to significant formal and informal discrimination (Ghanem 1998; Shafir and Peled 2002; Smootha 2002; Mossawa Center 2006;

Sa'ar and Yahya-Younis 2008). First, more than 260,000 Palestinians live within Israel as “internally displaced persons” (IDPs), removed from their original homes but still resident within the country. Many Palestinian IDPs reside in “unregistered” villages that receive no government services (Slyomovics 1998). Arab municipalities are underfunded and land has been continually confiscated from Arab owners and local authorities (Kedar and Yiftachel 2006).

In the sphere of education, Israeli Palestinians have a higher student-to-teacher ratio, less equipped schools, insufficient vocational education, and lower achievement levels (Smootha 1988; al-Haj 1995; Eisikovits 1997). At the level of higher education, Palestinians are also under-represented (Guri-Rosenblit 1996; 1999), comprising a mere 8% of Israeli students (I/CBS 2004). Consequently, about two-thirds of working-age Palestinians in Israel are unskilled workers (Adva Center 2003), being underpaid in comparison to Jewish Israelis (Adva Center 2004) and suffering increased rates of unemployment (11.5% vs 8% in the Jewish sector) (I/CBS 2007e; 2007f). The monthly income of non-Jewish Israeli households is also substantially lower than that of Jewish households (NIS 7,420 vs 13,245) (I/CBS 2007d).

In the realm of politics, Palestinians are under-represented in the Knesset (the Israeli parliament). In the legal system, too, Israeli Palestinians are more likely to be convicted and jailed than Jewish defendants with a similar record (Rattner and Fishman 1998). Even in terms of physical well-being, Palestinians' life expectancy is lower than that of Jewish Israelis (I/CBS 2007b), and the Palestinian infant mortality rate is more than double that of Israel's Jewish infants (I/CBS 2007c).<sup>5</sup>

Israeli Palestinians are also exempt from military service. Whereas this military exemption serves to exclude Palestinians from mobility paths and various state benefits—and to reproduce a complicated political marginalization vis-à-vis Israel's national ethos—this policy nonetheless protects Palestinian men from service-related injuries.

Since the destruction of the Palestinian community fabric in 1948, and the subsequent political conflict in the region, the family, especially its extended formation, has become the basis for social and national identity (Herzog 1998). The Palestinian social order is often characterized as highly gendered, with women subjected to male domination through state application of Islamic law in personal status courts, and

the construction of familial patriarchy as a symbol of authenticity and distinction from the surrounding Jewish environment (Ginat 1997). The exclusion of Palestinian women from power positions in local governing bodies (Herzog and Yahia-Younis 2007) and their low wages (Sa'ar and Yahia-Younis 2008) are additional evidence of this unequal regime. Female identity has thus remained largely focused on one's spousal and maternal roles (Haj-Yahia 2003).

However, in the past few decades, Palestinian women in Israel have undergone a profound transformation, primarily in expanding their educational scope (al-Haj 1999) and public participation (Erdreich 2006), as well as in lowering overall fertility rates (Kanaaneh 2002; Sa'ar and Yahia-Younis 2008). These transformations reflect a weakening of the traditional patriarchy, where men's gendered advantages are losing some of their edge (Sa'ar and Yahia-Younis 2008). Added to these changes in the female domain are Palestinian men's limited personal and economic autonomy and an unsettled national identity (Mar'i and Mar'i 1991; Monterescu 2006). Together, these nurture ritualistic overacting of gender roles ("overmanning") among Palestinian men in Israel (Nashif 2008). This state of affairs probably also underpins the rise of neopatriarchy in the community (Sharabi 1988): Namely, extended families and their elders reinstate their authority; teenage boys reproduce their clans in neighborhood games (Kanaaneh 2002); and young men compete for hegemonic masculinity by providing for their family members. Within this framework, a kind of hyperbolic masculinity has become a token of Palestinian cultural continuity and distinctness, as well as a response to masculine insecurity within an overall environment of discrimination and marginality (Mar'i and Mar'i 1991; Monterescu 2006; Herzog and Yahia-Younis 2007).

#### Palestinian Refugees in Lebanon

Palestinians also constitute a marginalized minority population in neighboring Lebanon. According to the United Nations Relief and Works Agency (UNRWA), nearly 400,000 Palestinian refugees are registered in Lebanon, comprising 11% of Palestinian refugees worldwide (Global Exchange 2005). Even though the local Palestinian community comprises 10% of the total Lebanese population, Lebanon is deemed "the least hospitable" country to Palestinian refugees. The Lebanese govern-

ment has consistently prevented Palestinians from gaining basic social and civil rights, including citizenship (Peteet 2005). Palestinian refugees are still considered “foreigners” in Lebanon, even after living there for three generations (exactly 60 years, from 1948 to 2008). Palestinians have been subjected to severe problems of acceptance, and have been popularly blamed for instigating fifteen years of civil war (1975 to 1990) through PLO activity in the country (Peteet 1991; Said and Hitchens 2001; Inhorn and Kobeissi 2006).

In the labor market, Palestinians are legally excluded from more than 70 trades and professions and sustain increased rates of unemployment. Palestinians also have reduced access to education and social services. Although some educated Palestinian families who fled to Lebanon in 1948 have been able to maintain middle-class professional status, the majority have remained poor and stateless, being entitled to travel documents but not to Lebanese citizenship (Miftah 2003). Sons and daughters of middle-class Palestinians in Lebanon often migrate to the Arab Gulf in search of employment. However, as in Lebanon, no other Arab country, with the exception of Jordan, has granted citizenship to this exiled population.

In Lebanon, the majority of Palestinians still reside in twelve refugee camps registered and run by UNRWA. A survey conducted in 2004 under the auspices of UNRWA and the European Commission showed that the average refugee family size exceeds four members per household in all camps, with a high crowding index (3.1 persons per room); the vast majority of households live in extremely underprivileged conditions without access to municipal water sources and with high levels of pest infestation; the majority of adults (85%) had not continued schooling beyond the intermediate level; a considerable proportion of adults (31%) were unemployed and looking for work opportunities; and for those men who were currently working at the time of the survey, the majority were involved in unskilled professions (57%). For medical services, the majority of respondents (80%) had relied on an UNRWA clinic during the three months preceding the survey. In 68% of these cases, UNRWA covered the cost of the services, and most of those surveyed said they utilized UNRWA clinics because of the subsidized healthcare (EC/UNRWA 2004). However, it is important to note that UNRWA clinics do not provide infertility diagnosis and treatment services in



Lebanon. In such cases, infertile Palestinian couples must visit Lebanese physicians in the private sector, with the cost of such services paid out of pocket.

## METHODOLOGY

This paper is based on two ethnographic studies of infertile Palestinian men, one carried out by the first author in Israel and the other carried out by the second author in Lebanon.

### The Israel Study

The Israeli portion of the study was undertaken by the first author in 2007 in an IVF center in Haifa, Israel's third largest city (pop. 300,000), located 60 kilometers south of the Lebanese border. Haifa is the main city in the northern part of Israel. Owing to the mixed population in the region (53% is Palestinian), the clinic serves both Jewish and non-Jewish Israelis. The clinic is part of a mid-sized university hospital and provides a wide range of fertility treatment services. All treatment is state-funded, with patients contributing small amounts toward the costs of medications.

The informants, who were all diagnosed with male infertility, were approached for the study while attending the clinic. Rates of acceptance were high and, with a few exceptions, all of the participating men were very forthcoming. Perhaps because the interviews took place while husbands were waiting for their wives to complete oocyte retrieval surgeries, the interviewees were generally willing to talk and were often quite loquacious.

Interviews were conducted in a small private room on the clinic's periphery and lasted 20 to 90 minutes each. The interviewer was a Jewish woman, trained as a clinical psychologist, and the spoken language in the interview was Hebrew. (All interviewees were fluent in Hebrew, although interviewing in Arabic would have been preferable.) Interviews were tape recorded and transcribed verbatim within two days of the interview. They were translated into English by the author within a month after completion. Interviewees had been married for an average of 5.4 years and were undergoing their first to tenth ICSI cycle (average = 3.7 cycles).

### The Lebanon Study

In Lebanon, the study was carried out by the second author over eight months in 2003. The study was conducted in two of the busiest and most successful IVF clinics in central Beirut. One was located in a large, private university-based teaching hospital. The other was a private, stand-alone IVF clinic. Both clinics catered to a religiously mixed patient population. Between these two clinics, 220 Lebanese, Syrian, and Palestinian men were recruited into the study. The interviews were conducted by the second author, equally divided between English and Arabic, depending on the informant's preference. In some interviews, especially during the initial stages of the study, a Lebanese research assistant was present to ensure translation accuracy. Because of most men's discomfort with being tape recorded, shorthand written notes were taken during the interviews, which lasted 40 minutes to two hours. These interview notes were transcribed in the form of detailed case study reports immediately after each interview.

Of the eleven Palestinian interviewees in the study, two had not yet undergone ICSI, five were on their first ICSI cycle at the time of the interview, three were undergoing their third cycle, and one man was on his fifth. The men had been married an average of ten years, to cousins in five cases. Many of these men had visited multiple doctors and had undergone repeated semen analyses, but had failed to achieve viable pregnancies with their own sperm, despite years of testing and treatment.

Common to both studies was the novelty of the ethnographic interview. For most men, according to their self-reports, the interview was the first time they had shared such detailed information about their experiences of infertility. In this respect, the interviews appeared to play a cathartic role in relieving men of a secret burden. Maybe owing to this novelty, most men were highly expressive, reflective, and impressive in their candor when narrating their multiple travails (cf. Peteet 2005). It is to these travails that we now turn.

### MASCULINITY AND SELFHOOD: MALE INFERTILITY AND BIOGRAPHICAL DISRUPTION

Most of the men in this study, in both Israel and Lebanon, viewed male infertility as a major life disruption. All felt that being infertile had

diverted them from a clearly defined “normal” life trajectory of having children in their 20s or early 30s. As such, it shattered their cosmology and challenged their personal role in an ordered world. The anguish in the words of a Lebanese Palestinian who had been grappling with infertility for ten years reflects the pain incurred by this disruption:

Sometimes I do, I do ask this question, “Why me? Why am I not like other men?” But I’m a believer in God. And I’m trying. I tried so many medications, so many treatments. And it’s depressing, yes. Since 1993, when I started to see doctors, this is a long time. I feel guilt toward my wife. She wants to have a baby. Before, I didn’t, I wasn’t as much like her, I wasn’t wanting a child so much. But now I’m starting to think about this.

The experience of infertility has thus tested the speaker’s religious faith. It has also frustrated his growing desire for children, and created a sense of guilt regarding the major life-course disruption that his wife has been forced to endure.

The pain can apparently extend to additional biographical layers. In a world where the “normal” life course is strictly defined and where delayed marriage and late parenthood are frowned upon, infertility may result in a diffuse sense of asynchronization, of a life lived “off schedule,” setting the man and the couple apart from their peers. The sadness of asynchronization rippled through the narrative of a somewhat older Palestinian man, aged 44, showing how infertility can extend back in time to haunt one’s past biography as well. The speaker, living in a mid-sized village in Israel’s north Galilee region, had divorced and remarried later in life, primarily in order to found a family. In the interview, conducted while he attended the fertility clinic with his second wife, the man reflected on past decisions, which now, from his current perspective of infertility, he viewed as fatal:

I am 44 today. Some of my schoolmates are already grandfathers. You know, we marry early, at 19, 20. So if someone has a daughter of 24, who has married at 18, 19, today he’s a grandfather. Some [children] go to the university. And I was the first to marry of all my friends. I was 20. So sometimes I have these thoughts, about those two kids, the two abortions we’ve had [in his first marriage]. They would have been

20, 21 now. And it's great, it's fun, you know, a man of 44 who has children of 21. It's a joy.

As the description suggests, the widening gap between one's lived experience and the "normal" expected Palestinian life course may become key in one's biography, leading sufferers to reinterpret their past in a new light. The same experience spreads further ahead, to jeopardize one's future as well. In a society with few social safety nets, a Palestinian man in Lebanon asked worriedly, "Who will take care of my wife and me, later in life?" while a counterpart in Israel, undergoing treatment for five years, elaborated:

I'm not young; I'm 30. When my son is 20, I'll be 50, at least. When will I build his house? We don't rent a house the way you do. We purchase land and build. It takes a lot of time, a lot of money. And nobody knows what's in store for him. You only live once. You start out as a little child, and when you grow up, you marry and want children. You prepare for this all your life, but now I'm not young anymore.

However, most likely owing to its profound impact, male infertility may also be encountered in a more resistant manner. In Lebanon, as a result of the civil war upheavals, Palestinians may marry much later (Kobeissi et al. 2008) and appear to have a somewhat more flexible notion of the "normal" life course. The following narrative of a Palestinian man, who had spent twelve of the war years in Kuwait and had then traveled to Europe to pursue art studies, illustrates this greater openness and the transformational role that some Palestinian men may allocate to infertility-prompted biographical disruptions. Having returned to Lebanon to marry at age 40, the speaker took as his wife an otherwise unmarriageable relative, 39 years old, with a mentally retarded sister. Probably in line with this non-conformist choice—made out of compassion rather than love—the man also explored less conventional responses to infertility, including legal adoption, which is practiced by some religious sects in Lebanon, but not his own. As he reflected,

From the beginning of marriage, I made it clear to my wife—before marriage—that we could adopt a child, because we married at an older age, and this shouldn't affect our marriage or our life. I think in the long run, my wife will ultimately be affected if we don't find a solu-

tion, because, by nature, the wife is much more emotional than the husband. I mean, it's affecting her personhood [sic].... We're both old, and because of our age, our chances are less.... I thought about this [adoption]. So even though you raise a kid who is not originally your kid, with time, he'll get used to you and you to him, and he will be like your kid. But she's not supporting this idea. She prefers to have her own kid. But I think, in the long run, if I had to adopt, eventually we would get used to it and we would treat the child as our own. She would feel the motherly affection, and I think it's a good idea, a humanitarian act. A human being is a human being. And I love children—any child. I can, I think, feel pleasure to have any child. Sometimes I feel myself a father of any child.

For this Lebanese interviewee, unlike the Israeli man cited above, late marriage did not seem to be a problem, but childlessness had presented as a major anguish for his wife. Her negative response to the adoption offer recaps the centrality of biogenetic reproduction, even within more flexible notions of the life trajectory. On the other hand, the speaker's freedom to contemplate adoption—profoundly rejected across most of the Muslim world (Sonbol 1995; Bargach 2002; Inhorn 2006a; Clarke 2009)—may suggest that under some circumstances, infertility may trigger new forms of personal and social experimentation. Most likely, this man's non-conformist view of adoption stemmed from his time spent in Europe and from his work as a teacher in UNRWA-run schools in Lebanon, where he routinely met many Palestinian orphans. Still, the ability to transcend social prescriptions attests to the power of infertility—which, when it extends over long years of anguish, may touch upon foundational aspects of one's identity and social standing—to become a vehicle for social change.

#### MASCULINITY AND COMMUNITY: MALE INFERTILITY AND THE BURDEN OF SECRECY

Owing to the negative impact that infertility may have on a man's community standing, divulging information may be a highly sensitive issue. As elsewhere (Birenbaum-Carmeli, Carmeli, and Yavetz 2000; Becker 2002; Nachtigall et al. 1997; 1998), many Middle Eastern men keep their condition "secret."

In this study, secrecy appeared to be the norm in both countries. In

Israel, one religious Muslim construction worker, aged 33, in treatment for five years, seemed horrified by the idea of even telling his parents and in-laws: “Wouldn’t cross our minds to tell them! When they ask, we say ‘Allah akbar’ [God is great].” A more highly educated computer technician in Israel, aged 28, married for just two years, described how he and his wife, a teacher, kept “gaining time” by telling their parents that they were delaying pregnancy in order to establish themselves professionally. This man added that both he and his wife were concerned that their parents might accuse the other spouse of being the source of the problem, so they preferred to conceal it. Even when his mother found a letter from a gynecologist, this did not lead the man to greater disclosure. “We decided to keep it all secret, and we don’t update anyone. Today, for instance, no one knows we’re here. ‘Still waters run deep’ is the saying, right?”

However, some men were more open, telling their families that they were “receiving treatment.” Whereas some tended to omit timelines or technical details, others provided specific information and shared the practical burdens of treatment with their relatives. In one case, the husband’s sister would accompany her sister-in-law to the clinic. In another case, the woman routinely rested in her parents’ home after completing a treatment cycle. In yet another family, a husband’s mother-in-law routinely phoned the couple before every egg-retrieval to wish them luck. In Lebanon, men’s relatives—including parents, brothers, and sisters—were sometimes provided with information about the problem in order to help finance the treatment quest.

Outside the boundary of the family, privacy was guarded more closely. Practically all of the Israeli Palestinians in the study had kept the infertility and treatment secret from their colleagues. At the same time, all had disclosed the problem to their supervisors in order to receive days off work for clinic visits. The determination with which the men guarded their secret was encapsulated in the description of a 33-year-old bakery worker, who was asked by his colleagues very directly, “What did you talk about so privately with the boss?” The speaker continued: “Of course, I invented something completely different. It’s none of their business, the things I’m going through at home.”

Within the couple’s social circle, too, the men protected their privacy. With the exception of one man who shared information with

his friends, all Israeli Palestinians described the treatment as “a very personal matter” which they kept to themselves even when pressured:

Two days ago, we went out with friends. And there's another couple that wants to go to treatment so they asked us. I explained, but not “from ourselves.” I said: “According to what I read in the books, they recommend so and so.” I talk as an educated man without revealing that I'm undergoing the process myself.

Some men rationalized the secrecy by presenting the surrounding society as potentially hurtful. In the words of a 33-year-old bus driver living in Israel:

It's difficult for her [his wife] anyway, and then people around say [to her], “It's because you didn't sleep enough, you were working too hard, you don't really want children.” People gossip.

Whereas secrecy fits smoothly into traditional cultural schemes in tacitly reaffirming the centrality of childbearing, it can also be understood differently, as enacting more Western neoliberal ideas regarding individuality and interpersonal “boundaries.” The liberty that the men have taken, in both settings, to hide treatment information even from their parents may represent growing individuality and claims for privacy, in a world where privacy per se is not commonly expected in family life (Inhorn 2003a). Once again, reproductive technologies emerge here as transformational, prompting (indeed, almost imposing) social change through minute personal adaptations.

One of the reasons for the extreme secrecy is the stigma attached to treatment in both Palestinian communities. In the Muslim Middle East, IVF and ICSI are still often deemed to be morally dubious. Even though all branches of Islam approve of these technologies when using the couple's gametes, lingering suspicions about laboratory “mix-ups” still haunt popular perceptions. Infertile Middle Eastern Muslim men therefore often fear people's reactions to “test-tube baby-making” (Inhorn 2003a). As one Palestinian man living in Lebanon explained,

The community here in Lebanon, they don't let you go without asking something like this: “Isn't it *haram* [religiously prohibited]?” And they will look at you differently. I know that here

in [named] hospital, they do it perfectly. But we heard that at so many other hospitals, there are so many problems like that [i.e., sperm mixing]. But here at [named] hospital, it's perfect.

A 35-year-old man, undergoing the couple's tenth ICSI cycle in Israel, described a similar experience:

They have no idea what we do here.... They ask me, "How can you be sure they took your sperm or they didn't take another woman's egg?" It's nonsense. Not everyone likes it that I'm coming here. I have a brother who's been married for 18 years, and he too has no children. I convinced him to go to treatment. After one or two treatments, her brother, who's very, very religious, told her it's not really acceptable. So I had a talk with him. I said, "Why unacceptable? Why do you look at it that way? Why do you say that she's poor, that she has a problem, when she needs treatment and this treatment helps? Should she remain without children all her life? Maybe God wants to give her children but there's a small problem. I know how it works. I'm there for ten years now. The doctor studies for seven years. It's inconceivable that he would make such a mistake. They work very responsibly. It's impossible that such a thing would happen. And if you say it's forbidden, well, show me where it's written." And he kept silent, he had nothing to say. It's a natural thing. It's a medical thing. Eventually, they went in some natural way, took some herb medication. I don't ask.

This narrative, which voices the stigma of infertility treatment, nonetheless suggests that attitudes toward the condition are changing. This trend is even more evident in Lebanon; there, men generally expressed greater openness about their male infertility, which they increasingly considered to be a medical problem "like any other medical condition." A Palestinian man, who had returned from Dubai to his hometown Beirut for treatment, reflected an increasingly medicalized view of male infertility:

When I went to a doctor, he was all secretive. I told him, "Why must it be secret? I'm not shy about it. It's a sickness, and I'm looking for treatment." I wouldn't do like other men [do]. They say it's a problem with their wives. I say it's from me, and I have to go for treatment. But in the Middle East, for a man to go to a doctor [for infertility], they feel



like he's not a man anymore, and they always blame the woman. My wife, she *would* tell other people, "No, it is not from him, it's from me," so that I don't feel hurt. But then she found out there's nothing wrong with her, so why should she do this?... But Palestinian, Jordanian men, they think it affects their manhood. But I and my wife are the same. A man is like a woman, there's no difference. She can get sick, and I can get sick. It's just a disease. So I tell people it's from me.

Here, the infertility encounter serves to destabilize foundational notions of gender, inducing greater equality. In the case of male infertility, medicalization may have a favorable effect, relieving both men and women from the burden of secrecy, shame, and guilt. For instance, the popular language of sperm "weakness" (Inhorn 2003b) is giving way to more neutral "numbers talk," as men across the region learn that sperm can be clinically counted and typified. It is indeed noteworthy, especially in Lebanon, that each man could describe the details of his sperm analysis:

When I made a spermogram one year after marriage, the first time it was 45 million, 30% active, 20% normal. The doctor said, "No problem." But there is a problem.... Every time, the activity is less than 40%, sometimes only 5%, or normally 5 to 10%. Now I know that this is a problem. My knowledge now tells me that 60 million, 60% active, and 60% normal [morphology]—these should be the numbers, and my numbers are always lower. Here, the last [sperm test], one month ago, my count was 45 million, activity was 20%, and normal was 20%.

While such talk can be viewed as highly objectifying, a certain degree of estrangement may, in fact, prove helpful in the case of infertility, reducing the problem of the "man and his masculinity" to a set of clinical parameters. For better or worse, this reinterpretation of male infertility as a "numbers problem" also removes the blame from the woman. This generalization, which probably applies across many settings, is particularly crucial in cultural milieus where the stigma of male infertility may affect every aspect of a man's life. That this medicalized approach to male infertility was much more common among the Palestinian men in this study living in Lebanon may be attributed to their higher educational levels, as

reflected in their financial ability to pay for treatment in that country.

### MASCULINITY AND THE STATE: MALE INFERTILITY, ICSI ACCESS, AND REPRODUCTIVE RIGHTS

With increasing medicalization, male infertility becomes part of the much broader issue of healthcare provision. In Lebanon, fertility treatment is a private industry, with more than fifteen clinics competing for patients (Clarke 2009). The state—which is weak and politically divided—does nothing to regulate or subsidize treatment, leaving patients to pay out of pocket for diagnosis and treatment, and in practice allowing for suboptimal, even unethical services to be offered. The Lebanese Palestinians in this study generally regarded the healthcare system as good overall (especially in comparison to neighboring Arab countries), but criticized local doctors for their readiness to mislead patients out of greed. Indeed, the frequency of an unnecessary and largely ineffective male genital surgery called varicocelectomy (Inhorn 2007a)—which many Lebanese urologists promote as a fertility enhancement technique—poignantly demonstrates this problem.<sup>6</sup>

Although ICSI is now widely available through infertility clinics in Lebanon, it is expensive. The Lebanese Palestinian men in this study had each paid \$2,000–\$5,000 per cycle, i.e., one-sixth to one-third of their (average) annual income of \$13,950. For the two men living in refugee camps and earning just \$2,340 and \$4,200 annually, ICSI represented a year's worth of earnings, which they could ill afford.

Interestingly, although most of the men in Lebanon complained about the high cost of ICSI, none seemed to expect that the state would fund this or any other assisted reproductive technology. Probably owing to their largely negative experiences with the state and the sense of exclusion that still characterizes this population after 60 years of residence in Lebanon, such an option was inconceivable. Yet, the lack of state subsidization of healthcare services was considered to be grave, as summed up by one well-educated interviewee:

I have a problem in shape [of the sperm] and the activity and the number. The doctor told me, “You will have to go to Beirut. The only solution is ICSI.” I had done IUI [intrauterine insemination] twice

already, but the result was negative. After a year, my brother gave me the name of a doctor in Syria, a very nice and good doctor. But he too said, "You will have to go to in vitro." But we have our jobs as teachers, and it is not easy to do [because of the cost]. So we asked him to do IUI for us two times in Syria. The results were also negative. My friend at school also has a problem like this, so he told me, "In Beirut, they have a good [IVF] center." But I was afraid to go there because of the price: \$4,000–\$5,000, which is very hard for me. And, of course, there is nothing to help me, nothing at all [no state subsidies or insurance]. Then I heard that the price in Syria is approximately \$2,000. But another problem is traveling to Syria, which is hard for me. I have to sign different papers because I am Palestinian, entrance and exit papers. And we should enter [Syria from the Lebanese border] early in the morning. In the afternoon, we can't go [across the border]. This is a big problem, a big problem. After 50 years [of Palestinian life in Lebanon], we still have problems. We have no human rights. I have the papers of my grandfather from our lands in Palestine. These were papers from the British consulate. But where are the rights? We're from northern Palestine. But since 1948, we have no hope to go back. But I *have* hope, not for me, but for the next generation....

The theme of suffering on account of their Palestinian origin ran through all the Lebanese interviews. Ten of the eleven men interviewed in Lebanon were born in the country following their parents' flight from the newly emerging state of Israel in 1948. In all but one case, these Palestinian men were also forced to endure the fifteen-year Lebanese civil war, the start of which was widely blamed on the Palestinians (Makdisi 1990; Tessler 1994; Said and Hitchens 2001). Two of the men in this study had spent most of their lives in Ein el-Hilweh refugee camp in southern Lebanon. Both were unable to exit the camps or the country during the civil war and were caught up and injured in the fighting. One remained in an UNRWA hospital for six months. His home was leveled in an Israeli bombing campaign.

In general, all of the men who stayed in Lebanon during the civil war were either injured or had family members who were injured or killed, lived in bomb shelters through periods of heavy bombardment, and/or were forced to flee their homes at various periods throughout

the war. Fearing for their sons' lives, the parents of seven of these men eventually sent them out of the country, or fled together as families to safe havens. However, in two of these cases, the men suffered further violence in the "host" countries. One man living in Kuwait with his two brothers was brutally beaten (including in the genitals) by a gang of angry Kuwaitis who scapegoated the Palestinians during the first Gulf War (when the PLO sided with Saddam Hussein against the U.S.-led coalition). Another young man, who was sent by his middle-class family to the U.S. to pursue an engineering degree, was brutally beaten by a gang of Italian-American youths who discovered he was Palestinian and kicked him so hard in the genital area that he has suffered from impotence problems ever since.

In most cases, the Lebanese Palestinians linked this violence to their infertility, citing *il harb* (the war), as its main cause.<sup>7</sup> Many men believed that their infertility somehow stemmed from their injuries by bullets, shrapnel, or genital torture; the stresses and fears of war, loss of homes, economic impoverishment; and the toxins to which they were probably exposed through bombing and the dumping of toxic wastes. For some of these men, especially those living in refugee camps, the violence lasted until 2000, with the Israeli occupation of southern Lebanon and the imprisonment of thousands of Palestinian and Lebanese men. It likely resumed for them during the 2006 Israel-Lebanon summer war, which occurred after the present study in Lebanon had been conducted.

At the time of this study in 2003, four men continued to live outside Lebanon, but had returned to Beirut for fertility treatment. Three of the Palestinian men in the study had returned to Lebanon permanently following war-related exile. Many of these Palestinian men had mixed feelings about their lives back in Lebanon, but remained there because of family ties and lack of alternatives. One very depressed Palestinian man summed up the sources of his infertility:

The stress, the exposure to gasses in the type of work I do [manual labor], the exposure to the sun. I think maybe the work is the most important; the work is stressful. But also it's from too much thinking—the politics, the situation. I think too much about stability; there is nothing stable for the Palestinians in the Middle East. I'm watching

the news, seeing the Palestinians, the suffering. It's a lot of stress. It's not only the economic situation, but the lack of stability and having to move from one country to another.

In sharp contrast to the central place they allocated to political affliction, none of the eleven Palestinian men in the Lebanese study tied their smoking (i.e., each smoking one-half to three packs per day) to their infertility. Rather, they considered smoking to be their major relief from chronic stress, tension, and "bad psychological states."

Somewhat ironically, the Palestinian men in this study whose families had stayed in Israel are entitled to state-subsidized medical treatment for their male infertility—unlike their Lebanese counterparts. As apparent in the interviews, these Palestinian men living in Israel seem to view fertility treatments, including ICSI, as one domain in which they receive equal and high-quality state services. More than that, Palestinian men in Israel also expressed deep confidence regarding their civil entitlement to infertility services. When compared to their Lebanese counterparts, Israel's Palestinian residents sounded substantially more secure in their local political environment. As two men explained,

What do you mean? Of course, the state should pay! I pay taxes, national security, health tax, and this supplemental [private] insurance, and I'm entitled to what I'm entitled to. When I deposit money in a retirement fund, I'll get my money when the day comes. It's the same here: I pay health tax, and when I need it, I deserve to get back. Why not? What I deserve, I deserve.

Of course the state should pay. I give everything. If I contribute to the state, then the state too should think about us.... Who will the state think of if not us and our children?

In the convoluted Israeli reality, where non-Jewish minority groups face considerable discrimination, these men's certainty that healthcare was their civil right was anything but trivial. Palestinian men anchored their entitlement to state-funded treatment through civil participation in taxpaying. This open claim to equal citizenship through taxation is instructive, because in Israel's Jewish public discourse, the image of Palestinian citizens as tax evaders is a popular one, attributed primarily to their deep sense of discrimination and alienation from the state (Brender 2005).

In terms of alienation from the state, it is also somewhat paradoxical that the Palestinian men in Israel considered their right to state healthcare services to be superior to that of Palestinians living in neighboring Arab countries:

If we look at our neighboring countries, then our service is good.... Arab countries don't give, I don't think they do.... It depends where you look. It's probably worse in the Arab countries. If they don't look after their old people, would they care for the babies? They really suffer in comparison to us.

Nonetheless, possibly out of ambivalence toward the state, the Palestinian Israelis in the study also downplayed the generosity of Israel's procreative medicine policy:

I hear that in the States, they give everything, and in Europe too. In Sweden they even pay for the medications, even the bus to the clinic they pay. I know, I have an uncle there. Sweden is something different.

In Sweden and England, for instance, the state funds up to four children. I also read that in Germany you pay a flat rate but they promise you 60 embryos. That's a lot; they produce them in several cycles, but they promise 60 embryos. But most European countries pay up to four children.

As mentioned, for the Palestinian citizens of Israel, who are routinely discriminated against and referred to as a "demographic problem" by some Jewish Israelis, fertility treatment extends beyond the personal to comprise a charged political experience. Palestinian men in the Israeli study made productive use of their formal rights. They did so with a clear sense of entitlement, while being aware of their relative privilege vis-à-vis their counterparts in Arab countries. In this respect, Israel's fertility treatment policy may result, rather inadvertently, in a sense of citizenship, or at least the capacity to materialize this citizenship when one has an infertility problem to overcome.

## CONCLUSION

In this paper, we have tried to show how Palestinian men living in Israel and Lebanon struggle with infertility on a number of important levels.

At the individual level, male infertility may shatter one's masculinity, selfhood, and expected life trajectory. At the broader social level, it may complicate men's relationships and interpersonal communication, including with close relatives. Still more broadly, it may come to symbolize Palestinian men's fraught position vis-à-vis states where Palestinians live as disempowered minorities. However, as we have observed, male infertility may also serve to instigate important transformations in Palestinian men's lives, including their advocacy of assisted reproductive technologies, their support of adoption, their destigmatization of male infertility as a threat to masculinity, and their use of procreative health-care services as a claim to citizenship rights. All of these responses, which were observed to varying degrees and in varying contexts in Israel and Lebanon, illustrate how the experience of male infertility may challenge existing social norms and cultural expectations (e.g., accepting biology as destiny, reliance on the family), leading to more individualized and gender-egalitarian views. Such views were conveyed by the more highly educated and, in some cases, more Western-oriented men in the Lebanese study, but also by the Israeli interviewees, whose education and exposure to the world were more modest.

It is important to note that globalization and the concomitant spread of biomedicine around the world have brought along the neoliberal values of "choice" and "freedom." Such values invest the "individual" and the "couple" (themselves neoliberal constructs) with the responsibility for their own health and illness, including their reproductive trajectory. Within this neoliberal cosmology, one is expected to actively seek out care in the quest for quality of life. Male infertility is thus no longer "destiny"; it is a challenge and a test of a man's capacity to fend for himself, his wife, his marriage, and the future of his family. For Palestinian men, largely deprived of self-direction and choice in most meaningful fields of life, procreation—a highly sensitive domain to begin with in the Muslim world—powerfully embodies this situation.

In Lebanon, the difficulty of obtaining infertility treatment reproduces Palestinian men's experiences of disempowerment and marginality. For these men, the medical encounter with infertility encapsulates the violence and the discrimination that has afflicted this population over the past 60 years of war and exile. In Israel, on the other hand, the accessibility of treatment may serve to somewhat restore a sense of

control and offer a ray of hope in a highly ambiguous and often hostile environment. Despite pervasive marginalization and exclusion, infertility treatment emerges as a rare enclave of civil equality and inclusion. Although broadly speaking, Israel's attention may indeed be focused on curbing reproduction among its Palestinians citizens (Kanaaneh 2002), our study suggests that infertility treatment may comprise a "conciliatory" domain in the convoluted Israeli reality, where subsidized access to ICSI allows infertile Palestinian men to father the children of their dreams.

## NOTES

1. Namely low sperm count, poor sperm motility (movement), poor sperm morphology (deformities of shape), and absence of sperm in the ejaculate due to lack of sperm production or blockages in sperm transport.

2. Primarily micro-deletions on the Y chromosome.

3. ICSI is a variant of IVF, in which spermatozoa are injected directly into oocytes, effectively forcing fertilization to occur.

4. Rates of success with ICSI approach those of IVF—namely, 25–40% per cycle, depending upon factors such as age and severity of the infertility.

5. At least part of the difference is, however, attributable to increased rates of inherited conditions in the Palestinian community (Zlotogora 1997; Basel-Vanagaite et al. 2008) due to consanguineous marriage. Though less prevalent than idealized (Herzog and Yahia-Younis 2007), consanguinity occurs in approximately 40% of non-Jewish marriages in Israel (Jaber, Halpern, and Shohat 2000).

6. It is important to note that in a highly privatized healthcare system, in a resource-poor country, Lebanese physicians are steeped in fierce competition for patients and are well experienced with patients who have difficulty paying for their services.

7. This was true of all the men in the Lebanese study, including non-Palestinians.

## REFERENCES

- Abbasi-Shavazi, Mohammad Jalal, Marcia C. Inhorn, Hajjeh Bibi Razeghi-Nasrabad, and Ghasem Toloo  
2008 The "Iranian ART Revolution": Infertility, Assisted Reproductive Technology, and Third-Party Donation in the Islamic Republic of Iran. *Journal of Middle East Women's Studies* 4 (2): 1–28.
- Adva Center  
2003 Gaps in Employment by Ethnicity and Gender (in Hebrew). <http://www.adva.org/>.
- 2004 Income by Ethnic Group (in Hebrew). <http://www.adva.org/>.



- Baccetti, B., S. Capitani, G. Collodel, G. Di Cairano, L. Gambera, E. Moretti, and P. Piomboni  
2001 Genetic Sperm Defects and Consanguinity. *Human Reproduction* 16 (7): 1365–71.
- Bargach, Jamila  
2002 *Orphans of Islam: Family, Abandonment, and Secret Adoption in Morocco*. Oxford: Rowman & Littlefield.
- Basel-Vanagaite, Lina, Ellen Taub, Valerie Drasinover, Nurit Magal, Alona Brudner, Joel Zlotogora, and Mordechai Shohat  
2008 Genetic Carrier Screening for Spinal Muscular Atrophy and Spinal Muscular Atrophy with Respiratory Distress 1 in an Isolated Population in Israel. *Genetic Testing* 12 (1): 53–6.
- Becker, Gay  
2000 *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies*. Berkeley: University of California Press.  
2002 Deciding Whether To Tell Children about Donor Insemination: An Unresolved Question in the United States. In *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*, ed. Marcia C. Inhorn and Frank van Balen. Berkeley: University of California Press.
- Birenbaum-Carmeli, Daphna, and Yoram S. Carmeli, eds.  
Forthcoming Introduction: Reproduction, Medicine and the State: The Israeli Case. In *Kin, Gene, Community: Reproductive Technology among Jewish Israelis*. Oxford, UK: Berghahn Books.
- Birenbaum-Carmeli, Daphna, Y. S. Carmeli, and R. Casper  
1995 Discrimination against Men in Fertility Treatments: The Underprivileged Male. *Journal of Reproductive Medicine* 40:590–3.
- Birenbaum-Carmeli, Daphna, Yoram S. Carmeli, and H. Yavetz  
2000 Secrecy among Israeli Recipients of Donor Insemination. *Politics and the Life Sciences* 19 (1): 69–76.
- Brender, Adi  
2005 Ethnic Segregation and the Quality of Local Government in the Minorities Localities: Local Tax Collection in the Israeli-Arab Municipalities as a Case Study. Bank of Israel, Discussion Paper no. 2005.01.
- Carmeli, Yoram S., and Daphna Birenbaum-Carmeli  
1994 The Predicament of Masculinity: Towards Understanding the Male's Experience of Infertility Treatments. *Sex Roles* 30 (9/10): 663–77.  
2000 Ritualizing the “Natural Family”: Secrecy in Israeli Donor Insemination. *Science as Culture* 9 (3): 301–24.
- Clarke, Morgan  
2009 *Islam and New Kinship: Reproductive Technology and the Shariah in Lebanon*. Oxford, UK: Berghahn Books, in press.
- Curtis, Katherine M., David A. Savitz, and Tye E. Arbuckle  
1997 Effects of Cigarette Smoking, Caffeine Consumption, and Alcohol Intake on Fecundability. *American Journal of Epidemiology* 146 (1): 32–41.

- Dudgeon, Matthew R., and Marcia C. Inhorn  
 2004 Men's Influences on Women's Reproductive Health: Medical Anthropological Perspectives. *Social Science & Medicine* 59 (7): 1379–95.
- Eisikovits, Rivka A.  
 1997 The Educational Experience and Performance of Immigrant and Minority Students in Israel. *Anthropology and Education Quarterly* 28 (3): 394–410.
- Erdreich, Lauren  
 2006 Strategies against Patriarchy: Sexualized Political Activism of Palestinian Israeli Women on Campus. *Israel Studies* 11 (1): 35–58.
- European Commission Humanitarian Aid Office and United Nations Relief and Works Agency (EC/UNRWA)  
 2004 Utilization of Healthcare Services among Palestinian Refugees in Camps in Lebanon. Report prepared by United Medical Group, Beirut, May 19.
- Ghanem, As'ad  
 1998 State and Minority in Israel: The Case of Ethnic State and the Predicament of Its Minority. *Ethnic and Racial Studies* 21 (3): 428–48.
- Ghousoub, Mai, and Emma Sinclair-Webb, eds.  
 2000 *Imagined Masculinities: Male Identity and Culture in the Modern Middle East*. London: Saqi Books.
- Ginat, Joseph  
 1997 *Blood Revenge: Family Honor, Mediation, and Outcasting*. Portland, OR: Sussex Academic.
- Global Exchange  
 2005 The Palestinian Diaspora: A History of Dispossession. <http://www.globalexchange.org/countries/mideast/palestine/refugeeFacts.html>. Accessed January 10, 2007.
- Greil, Arthur L.  
 1991 *Not Yet Pregnant: Infertile Couples in Contemporary America*. New Brunswick, NJ: Rutgers University Press.
- Guri-Rosenblit, Sarah  
 1996 Trends in Access to Israeli Higher Education 1981–96: From a Privilege to a Right. *European Journal of Education* 31 (3): 321–40.  
 1999 Changing Boundaries in Israeli Higher Education. *Mediterranean Journal of Educational Studies* 42:91–114.
- Al-Haj, Majid  
 1995 *Education, Empowerment, and Control: The Case of the Arabs in Israel*. Albany: State University of New York Press.  
 1999 Higher Education among Arabs in Israel: Condition, Needs, and Suggestions (in Hebrew). Position paper submitted to Israel's Council of Higher Education, Haifa.
- Haj-Yahia, Muhammad M.  
 2003 Beliefs about Wife Beating among Arab Men from Israel: The Influence of Their Patriarchal Ideology. *Journal of Family Violence* 18 (4): 193–206.

- Herzog, Hanna  
 1998 Homefront and Battlefield: The Status of Jewish and Palestinian Women in Israel. *Israel Studies* 3 (1): 61–84.
- Herzog, Hanna, and Taghreed Yahia-Younis  
 2007 Men's Bargaining with Patriarchy: The Case of Primaries within Hamulas in Palestinian Arab Communities in Israel. *Gender and Society* 21 (4): 579–602.
- Hopkins, Nicholas S., Sohair R. Mehanna, and Salah el-Haggar  
 2001 *People and Pollution: Cultural Constructions and Social Action in Egypt*. Cairo: American University in Cairo Press.
- Inhorn, Marcia C.  
 1996 *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt*. Philadelphia: University of Pennsylvania Press.  
 2002 Sexuality, Masculinity, and Infertility in Egypt: Potent Troubles in the Marital and Medical Encounters. *Journal of Men's Studies* 10 (March): 343–59.  
 2003a *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt*. New York: Routledge.  
 2003b "The Worms are Weak": Male Infertility and Patriarchal Paradoxes in Egypt. *Men and Masculinities* 5 (3): 236–56.  
 2004 Middle Eastern Masculinities in the Age of New Reproductive Technologies: Male Infertility and Stigma in Egypt and Lebanon. *Medical Anthropology Quarterly* 18 (2): 162–82.  
 2006a "He Won't Be My Son": Middle Eastern Muslim Men's Discourses of Adoption and Gamete Donation. *Medical Anthropology Quarterly* 20 (1): 94–120.  
 2006b Making Muslim Babies: IVF and Gamete Donation in Sunni versus Shi'a Islam. *Culture, Medicine, and Psychiatry* 30 (4): 427–50.  
 2007a Masculinity, Reproduction, and Male Infertility Surgeries in the Middle East. *Journal of Middle East Women's Studies* 3 (3): 1–20.  
 2007b Masturbation, Semen Collection, and Men's IVF Experiences: Anxieties in the Muslim World. *Body & Society* 13 (3): 37–53.
- Inhorn, Marcia C., and Daphna Birenbaum-Carmeli  
 2008 Assisted Reproductive Technologies and Culture Change. *Annual Review of Anthropology* 37:177–96.
- Inhorn, Marcia C., and Kimberly A. Buss  
 1994 Ethnography, Epidemiology, and Infertility in Egypt. *Social Science & Medicine* 39 (5): 671–86.
- Inhorn, Marcia C., Luke King, Jerome O. Nriagu, Loulou Kobeissi, Najwa Hammoud, Johnny Awwad, Antoine A. Abu-Musa, and Antoine B. Hannoun  
 2008 Occupational and Environmental Exposures to Heavy Metals: Risk Factors for Male Infertility in Lebanon? *Reproductive Toxicology* 25 (2): 203–12.
- Inhorn, Marcia C., and Loulou Kobeissi  
 2006 The Public Health Costs of War in Iraq: Lessons from Post-War

- Lebanon. *Journal of Social Affairs* 23 (90): 13–47.
- Inhorn, Marcia C., Loulou Kobeissi, Antoine A. Abu-Musa, Johnny Awwad, Michael H. Fakih, Najwa Hammoud, Antoine B. Hannoun, Da'ad Lakkis, and Zaher Nassar
- 2009 Male Infertility and Consanguinity in Lebanon: The Power of Ethnographic Epidemiology. In *Anthropology and Public Health: Bridging Differences in Culture and Society*, ed. Robert A. Hahn and Marcia C. Inhorn. Oxford, UK: Oxford University Press.
- Inhorn, Marcia C., Tine Tjørnhøj-Thomsen, Helene Goldberg, and Maruska la Cour Mosegaard, eds.
- 2009 *Reconceiving the Second Sex: Men, Masculinity, and Reproduction*. Oxford, UK: Berghahn Books, in press.
- Inhorn, Marcia C., and Frank van Balen, eds.
- 2002 *Infertility around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies*. Berkeley: University of California Press.
- Israel Central Bureau of Statistics (I/CBS)
- 2004 University Candidates, Students, and Graduates 2002–2003: Demographic Characteristics and Geographical Spread, Table 12, p. 60: Students by Sex, Age, Population Group, Religion, and Ethnicity (in Hebrew). [http://www.cbs.gov.il/www/publications/students\\_03/pdf/t12.pdf](http://www.cbs.gov.il/www/publications/students_03/pdf/t12.pdf). Accessed January 15, 2008.
- 2007a *Statistical Abstract of Israel 2007*. Population, by Religion, Table 2.2 (in Hebrew). [http://www.cbs.gov.il/reader/cw\\_usr\\_view\\_SHTML?ID=802](http://www.cbs.gov.il/reader/cw_usr_view_SHTML?ID=802). Accessed March 7, 2008.
- 2007b *Statistical Abstract of Israel 2007*. Life Expectancy (1), by Sex, Religion, and Population Group, Table 3.22 (in Hebrew). [http://www.cbs.gov.il/reader/cw\\_usr\\_view\\_SHTML?ID=580](http://www.cbs.gov.il/reader/cw_usr_view_SHTML?ID=580). Accessed March 4, 2008.
- 2007c *Statistical Abstract of Israel 2007*. Infant Mortality Rates, by Selected Causes, Religion, and Age, Table 3.30 (in Hebrew). [http://www.cbs.gov.il/reader/cw\\_usr\\_view\\_SHTML?ID=580](http://www.cbs.gov.il/reader/cw_usr_view_SHTML?ID=580). Accessed March 4, 2008.
- 2007d *Statistical Abstract of Israel 2007*. Gross Monthly Income per Household in the Entire Population and in Households Headed by an Employee, By Number of Persons in the Household, Population Group, and Continent of Birth of the Head of Household, Table 2 (in Hebrew). [http://www.cbs.gov.il/reader/?MIval=cw\\_usr\\_view\\_SHTML&ID=654](http://www.cbs.gov.il/reader/?MIval=cw_usr_view_SHTML&ID=654). Accessed March 4, 2008.
- 2007e *Statistical Abstract of Israel 2007*. Arab Population Aged 15 and Over, By Civilian Labor Force Characteristics, Type of Locality of Residence, District and Sub-District of Residence, Religion, and Sex, Table 8.1 (in Hebrew). [http://www.cbs.gov.il/reader/?MIval=cw\\_usr\\_view\\_SHTML&ID=328](http://www.cbs.gov.il/reader/?MIval=cw_usr_view_SHTML&ID=328). Accessed March 4, 2008.
- 2007f *Statistical Abstract of Israel 2007*. Unemployed Persons, By Sex, Religion, Age, Years of Schooling, and Work in Israel during the Last Year, Table 12.23 (in Hebrew). <http://www.cbs.gov.il/reader/>. Accessed March 4, 2008.

- Jaber, Lutfi, Gabrielle J. Halpern, and Tamy Shohat  
2000 Trends in the Frequencies of Consanguineous Marriages in the Israeli Arab Community. *Clinical Genetics* 58 (2): 106–10.
- Kahn, Susan Martha  
2000 *Reproducing Jews: A Cultural Account of Assisted Conception in Israel*. Durham, NC: Duke University Press.
- Kanaaneh, Rhoda Ann  
2002 *Birthing the Nation: Strategies of Palestinian Women in Israel*. Berkeley: University of California Press.
- Kedar, Alexandre (Sandy), and Oren Yiftachel  
2006 Land Regime and Social Relations in Israel. In *Swiss Human Rights Book*, vol. 1, *Realizing Property Rights*, ed. Hernando de Soto and Francis Cheneval. Zurich: Ruffer & Rub.
- Kobeissi, Loulou, Marcia C. Inhorn, Antoine B. Hannoun, Najwa Hammoud, Johnny Awwad, and Antoine A. Abu-Musa  
2008 Civil War and Male Infertility in Lebanon. *Fertility and Sterility* 90 (2): 340–5.
- Latini, Maurizio, Loredana Gandini, Andrea Lenzi, and Francesco Romanelli  
2004 Sperm Tail Agenesis in a Case of Consanguinity. *Fertility and Sterility* 81 (6): 1688–91.
- Lindisfarne, Nancy  
1994 Variant Masculinities, Variant Virginites: Rethinking “Honour and Shame.” In *Dislocating Masculinity: Comparative Ethnographies*, ed. Andrea Cornwall and Nancy Lindisfarne. London: Routledge.
- Lloyd, Mike  
1996 Condemned To Be Meaningful: Non-Response in Studies of Men and Infertility. *Sociology of Health & Illness* 18 (4): 433–54.
- Makdisi, Jean Said  
1990 *Beirut Fragments: A War Memoir*. New York: Persea Books.
- Mar’i, Mariam M., and Sami Kh. Mar’i  
1991 The Role of Women as Change Agents in Arab Society in Israel. In *Calling the Equality Bluff: Women in Israel*, ed. Barbara Swirski and Marilyn P. Safir. New York: Pergamon Press.
- Meirow, D., and J. G. Schenker  
1997 The Current Status of Sperm Donation in Assisted Reproduction Technology: Ethical and Legal Considerations. *Journal of Assisted Reproduction and Genetics* 14 (3): 133–8.
- Miftah  
2003 The Palestinian Diaspora: Frequently Asked Questions. Miftah Fact Sheet. May 16. [http://www.ccmep.org/2003\\_articles/Palestine/051503\\_palestinian\\_diaspora.htm](http://www.ccmep.org/2003_articles/Palestine/051503_palestinian_diaspora.htm). Accessed February 8, 2008.
- Monterescu, Daniel  
2006 Stranger Masculinities: Gender and Politics in a Palestinian-Israeli “Third Space.” In *Islamic Masculinities*, ed. Lahoucine Ouzgane. London: Zed Press.

## Mossawa Center

2006 The Palestinian Arab Citizens of Israel: Status, Opportunities and Challenges for an Israeli-Palestinian Peace. Haifa, June. [http://www.mossawacenter.org/files/files/File/The%20Palestinian%20Arab%20Citizens%20of%20Israel\\_Status...2006.pdf](http://www.mossawacenter.org/files/files/File/The%20Palestinian%20Arab%20Citizens%20of%20Israel_Status...2006.pdf). Accessed January 11, 2008.

Nachtigall, Robert D., Gay Becker, Seline Szkupinski Quiroga, and Jeanne M. Tschann

1998 The Disclosure Decision: Concerns and Issues of Parents of Children Conceived through Donor Insemination. *American Journal of Obstetrics and Gynecology* 178 (6): 1165–70.

Nachtigall, Robert D., Jeanne M. Tschann, Seline Szkupinski Quiroga, Linda Pitcher, and Gay Becker

1997 Stigma, Disclosure, and Family Functioning among Parents of Children Conceived through Donor Insemination. *Fertility and Sterility* 68 (1): 83–9.

Nashif, Esmail

2008 *Palestinian Political Prisoners: Identity and Community*. London: Routledge.

Peteet, Julie Marie

1991 *Gender in Crisis: Women and the Palestinian Resistance Movement*. New York: Columbia University Press.

2005 *Landscape of Hope and Despair: Palestinian Refugee Camps*. Philadelphia: University of Pennsylvania Press.

Rattner, Arye, and Gideon Fishman

1998 *Justice for All? Jews and Arabs in the Israeli Criminal Justice System*. Westport, CT: Praeger.

Sa'ar, Amalia, and Taghreed Yahya-Younis

2008 Masculinity in Crisis: The Case of Palestinians in Israel. *British Journal of Middle Eastern Studies* 35 (3): 305–23.

Said, Edward W., and Christopher Hitchens, eds.

2001 *Blaming the Victims: Spurious Scholarship and the Palestinian Question*. London: Verso.

Serour, Gamal I.

1996 Bioethics in Reproductive Health: A Muslim's Perspective. *Middle East Fertility Society Journal* 1:30–5.

Shafir, Gershon, and Yoav Peled

2002 *Being Israeli: The Dynamics of Multiple Citizenship*. Cambridge, UK: Cambridge University Press.

Sharabi, Hisham

1988 *Neopatriarchy: A Theory of Distorted Change in Arab Society*. New York: Oxford University Press.

Slyomovics, Susan

1998 *The Object of Memory: Arab and Jew Narrate the Palestinian Village*. Philadelphia: University of Pennsylvania Press.

Smootha, Sammy

1988 *Arabs and Jews in Israel*, vol. 1, *Conflicting and Shared Attitudes in a*

- Divided Society*. Boulder, CO: Westview Press.
- 2002 The Model of Ethnic Democracy: Israel as a Jewish and Democratic State. *Nations and Nationalism* 8 (4): 475–503.
- Sonbol, Amira al-Azhary  
 1995 Adoption in Islamic society: A Historical Survey. In *Children in the Muslim Middle East*, ed. Elizabeth Warnock Fernea. Austin: University of Texas Press.
- Tessler, Mark A.  
 1994 *A History of the Israeli-Palestinian Conflict*. Bloomington: Indiana University Press.
- Tremayne, Soraya  
 2009 Law, Ethics and Donor Technologies in Shia Iran. In *Assisting Reproduction, Testing Genes: Global Encounters with the New Biotechnologies*, ed. Daphna Birenbaum-Carmeli and Marcia C. Inhorn. Oxford, UK: Berghahn Books, in press.
- Upton, Rebecca L.  
 2002 Perceptions of and Attitudes towards Male Infertility in Northern Botswana: Some Implications for Family Planning and AIDS Prevention Policies. *African Journal of Reproductive Health* 6 (3): 103–11.
- Webb, Russell E., and Judith C. Daniluk  
 1999 The End of the Line: Infertile Men's Experiences of Being Unable to Produce a Child. *Men and Masculinities* 2 (1): 6–25.
- Zlotogora, Joel  
 1997 Autosomal Recessive Diseases among Palestinian Arabs. *Journal of Medical Genetics* 34 (9): 765–6.