Marcia C. Inhorn
Center for Middle Eastern and North African Studies
Department of Health Behavior and Health Education
Program in Women's Studies
Department of Anthropology
University of Michigan

Carolyn F. Sargent
Department of Anthropology and Women's Studies Program
Southern Methodist University

Special Issue:
MEDICAL ANTHROPOLOGY IN THE MUSLIM WORLD:
ETHNOGRAPHIC REFLECTIONS ON REPRODUCTIVE AND CHILD HEALTH

Introduction to Medical Anthropology in the Muslim World

Islam is the world's fastest growing religion, with more than 1.3 billion adherents in countries stretching from sub-Saharan Africa to Southeast Asia. In addition, transnational diasporic Muslim communities are increasingly found throughout Europe and the Americas, with approximately 6 million Muslims currently living in the United States. In the aftermath of September 11, 2001 (9/11), the lack of Western understanding of Islam and Muslim peoples has become abundantly apparent, as have the many stereotypes of the Islamic world as a hotbed of religiously based fanaticism, violence, and terrorism.

This special issue of *Medical Anthropology Quarterly* challenges the pervasive "trope of terrorism" now circulating in Euro-American discourses of Islam by focusing instead on everyday issues of reproductive and child health among Muslim peoples living in a diverse range of cultural settings. Through local-level, theoretically informed ethnographic representation, medical anthropology has much to contribute to discussions of Muslims' lives, as well as to greater understandings of Islam itself, a religion that can be said to encourage the use of medicine, biotechnology, and therapeutic negotiation and agency in the face of illness and adversity.

To our knowledge, this is the first collection of articles specifically devoted to medical anthropology in the Muslim world. Although other regions of the world have been the focus of medical anthropological scholarship—particularly Latin America; sub-Saharan Africa in the era of HIV/AIDS; the three Asian powerhouses of China, Japan, and India; and North America, where the bulk of medical anthropological

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research is currently carried out—relatively little attention has been given to the Muslim Middle East or to other parts of the Muslim world, including the vast uncharted territories of Muslim Central Asia. In 1981, Egyptian medical anthropologist Soheir Morsy published her seminal article, "Towards a Political Economy of Health: A Critical Note on the Medical Anthropology of the Middle East" (Morsy 1981). Since then, there have been no "state-of-the-field" literature reviews or special issues or volumes on this theme. This is despite the fact that medical anthropology itself has evolved considerably as a discipline over the past 25 years, and a number of important, even award-winning ethnographic monographs have been published during this period by medical anthropologists working in a variety of Islamic settings (e.g., Boddy 1989; Delaney 1991; Gruenbaum 2001; Inhorn 1994, 1996, 2003; Kanaaneh 2002).

Geopolitics

Cognizant of this, we decided that the time has come for a renewed focus on medical anthropology in the Muslim world. In this special issue of *Medical Anthropology Quarterly,* we have broadened our focus to include parts of the Muslim world beyond the Middle East, given that the majority of Muslim peoples live outside of this geographic region. In this issue, only one article focuses solely on an Arab country (Lebanon). Two articles are set in sub-Saharan Africa, both the eastern and western sides of the continent, and a third focuses on the growing African diaspora in Europe. Two unique contributions to this issue are set in Central Asia, and they examine matters of reproductive and child health among Afghans in Iran and Pamiris in Badakhshan, Tajikistan. Although there are no articles about south and southeast Asia—notable gaps, given that Pakistan, Bangladesh, Indonesia, and Malaysia are among the largest Muslim nations in the world—this special issue nonetheless will take readers into parts of the Muslim world that are little explored and, hence, very poorly understood. This is true not only for medical anthropology, but for the Western social sciences in general, in which particular nations within the Muslim world have been severely underprivileged in the "zones of theory" that have emerged in the scholarship on Islamic societies over the past 50 years (Abu-Lughod 1989).

Why is this so? Part of the answer lies in the geopolitics that have rendered certain Muslim nation-states off limits to Western scholars. For example, whereas anthropologists have gained ready access to American-friendly Middle Eastern nations (e.g., Morocco, Egypt), other Middle Eastern nations have been deemed by the United States, especially by the current political administration, to be "rogue" or "pariah" states (e.g., Libya, Syria, Iraq, and Iran) and have been the recipients of harsh sanctions. Thus, it is virtually impossible to gain scholarly access to those countries through accepted research channels (including fellowship programs such as Fulbright, funded by the U.S. Departments of State and Education). This has turned vast swaths of the Middle Eastern region into virtual "no-(wo)man's land"—at the great expense of serious scholarship.

The same is true for the Muslim nations of the former Soviet Union. Prior to the end of the Cold War, it was very difficult for Western scholars to gain research access to the Central Asian Republics, including Krygystan, Uzbekistan, Kazakstan,

Tajikistan, and Turkmenistan. This has rendered an expansive geographic area virtually invisible in Western knowledge production. Central Asian Studies is only now beginning to emerge in the new millennium as a legitimate area studies discipline.

Unfortunately, many postcolonial Muslim countries (e.g., Algeria) have been wracked by political violence, not only in their struggles to become economically and politically independent but in civil wars that have erupted for a variety of political reasons, including religion (e.g., Sudan). Tellingly, five of the societies highlighted in this issue—Sudan, Lebanon, Iran, Afghanistan, and Tajikistan—have recently experienced or are still experiencing civil wars, wars between neighboring states, or, in the case of Sudan, a large-scale genocidal campaign in the Darfur region. Such political violence has led to great structural violence in the region, including problems of refugees, poverty and starvation, and ethnic and sectarian discrimination that are abundantly apparent in the articles in this issue.

Moreover, it is quite noteworthy that five of the six authors in this issue braved political uncertainties to conduct fieldwork in the midst of the U.S.-led invasions in Iraq and Afghanistan. These invasions are part of a long history of U.S. military action in the region. Over the past 50 years, the United States has intervened militarily at least ten times in the Middle East alone, at the rate of one U.S. invasion every five years. Given such U.S. interventions, as well as other causes of political violence, the ability of medical anthropologists to conduct fieldwork in such high-conflict settings is less than ideal. The attitudes toward the United States among Muslim people around the world are being deeply shaped by such U.S. imperialism and militarism. Thus, the argument put forward by the eminent Harvard political scientist Samuel P. Huntington in his best-selling book *The Clash of Civilizations* (1996)—namely, that the Christian West and the Muslim East are doomed to clash over opposing religiously inscribed moralities and worldviews—seems less appropriate than a reading that posits a clash based on the geopolitics and policies of imperial nation-states (e.g., the United States, the United Kingdom, or the former Soviet Union) and the ways in which they have dealt with Muslim countries and populations in their midst (see Gelvin 2005).

Demography

Part of the current clash between the West and the Muslim world is also a war of demography. In her award-winning book, *Birthing the Nation: Strategies of Palestinian Women in Israel,* medical anthropologist Rhoda Kanaaneh (2002) coins the term *political arithmetic* to describe a highly racialized, classed, and gendered form of power/knowledge, in which nation-states attempt to increase the size of their polities at the expense of others in their midst. In Kanaaneh's book, the Israelis engage in a demographic war with the Palestinians, whom they view as hyperfertile Muslims bent on overwhelming the Israeli state through reproduction. Although Kanaaneh's book proves that the "Muslim demographic threat" is as much myth as reality, nationalistic perceptions of fertility as inherently political exist on both sides of the Israeli–Palestinian divide.

Similarly, several of the articles in this issue demonstrate the ways in which "Muslim fertility" is deemed threatening to Western nations, particularly given post–9/11 (as well as post-Madrid and post–London tube bombing) anxieties and fears. *The*

Clash of Civilizations argument described above also posits high Muslim fertility as a causal factor in religious "fundamentalism" leading to terrorism, through the creation of throngs of disaffected youth who become attracted to Islamist militant groups. The extent to which this is true is unknown, but, as the aforementioned Israeli–Palestinian example shows, the equation of high Muslim fertility with religious fundamentalism is probably an overstatement, if not patently untrue. In fact, as shown in Jennifer Johnson-Hanks's article in this issue, there is no single Muslim reproductive pattern, even in Muslim nations existing side by side. Population growth rates have declined rapidly in many Muslim countries because of the acceptance of family planning, including actions by leading Muslim clerics who have preached the merits of contraception to the faithful (Inhorn 1994; Musallam 1983).

The role of Muslim clerics as agents of demographic change needs to be emphasized here, given that such religious leaders have often encouraged the acceptance of new reproductive (as well as other life-saving medical) technologies, frequently justifying their decisions based on mother and child welfare. In Iran, for example, mullahs have paved the way toward an award-winning population program, in which even the controversial practice of permanent sterilization through vasectomy is being recast as "Islamic" and the way to create a healthy, high-quality family (Tober this issue). Similarly, Carolyn F. Sargent's article on Muslim Malians in France shows how some local religious leaders have issued procontraception opinions, which have been welcomed by Malian women as they negotiate the vicissitudes of life as a stigmatized minority group in Paris.

Majority versus minority status has had profound effects in the Muslim world. In many societies, particularly in sub-Saharan Africa, Muslim populations are the demographic minority. There, reproductive negotiations occur in the midst of high rates of maternal and child mortality, as well as the growing threat of HIV/AIDS. In Muslim diasporic communities in the West, Muslim women and men live amid great anxiety and uncertainty regarding their immigration status, legal rights, welfare and health benefits, and ongoing fears of forced repatriation to impoverished and politically unstable homelands. Producing children who are European citizens may be one way to claim citizenship rights, and thus may be viewed as a highly strategic and pragmatic demographic decision for groups living "betwixt and between" two nations.

That this may occur for minority groups living within Muslim-dominant societies is also true. As shown by Diane M. Tober in her discussion of Afghani–Iranian relations in the Isfahan region of Iran, high-fertility Sunni Afghans refuse the family-planning exhortations of the Shi'ite-dominant Iranian state, partly through desires to claim permanency in the host society and partly through perceived needs to repopulate a war-devastated Afghan society. Reversing the Sunni–Shi'ite equation, Salmaan Keshavjee shows how an isolated Shi'ite Isma'ili minority group suffers ethnic discrimination at the hands of the Sunni Tajik majority, with resulting high rates of neonatal mortality from poverty and starvation. In Lebanon, the site of Marcia C. Inhorn's article, "political arithmetic" figures prominently in post–civil war rhetoric and tensions between minority and majority religious factions, including Sunni Muslims, Shi'ite Muslims, Druze, and Christians. The middle-aged Muslim men in Inhorn's study "lived" the war as both victims and perpetrators. In their attitudes toward in vitro fertilization (IVF) and donor technologies, they reflect

the deep philosophical divides that exist between the Sunni and Shi'ite sects of Islam.

Islam

Such sectarian differences between the majority Sunni sect, comprising about 90 percent of the world's Muslims, and the minority Shi'a sect, comprising the remaining 10 percent (but who dominate in Iran and have demographic majorities in Iraq and Lebanon), reveal that Islam is far from monolithic. Islam is one of three great monotheistic religions that emerged in the Middle East, and, as such, it shares much in common with its predecessors, Judaism and Christianity (Murata and Chittick 1994). Like Judaism and Christianity, Islam is a religion of great diversity. Such diversity is reflected in sectarian differences, multiple legal schools, the development of the spiritual tradition called sufism, a great variety of Islamist political groups, and a multitude of diverse practices all cast as "Islamic" (Fluehr-Lobban 1994). Indeed, what it means to be a "good Muslim" takes particular local forms, based on locally grounded and morally imbued interpretations of the Islamic tradition. The very "localness" of a religion that continues to spread globally is a common theme running through the articles in this issue. Islam is interpreted, debated, and practiced locally. As such, local forms of the religion must be examined and analyzed.

The meaning that Islam provides for Muslims living in local sites around the globe bespeaks the importance of "local moral worlds" (Kleinman 1992)—that is, what is at stake for ordinary Muslims as they attempt to make health-related decisions in a way that is morally satisfying and consistent with local religious norms. These norms vary widely across Muslim societies, between Islamic sects, between religious authorities, and sometimes between men and women and between Muslim people living within the same society. Thus, the diversity of local religious moralities in the Muslim world provides a fascinating topic of study for medical anthropology.

For example, several of the articles in this issue examine the convergences and divergences between "official" interpretations of Islam (e.g., fatwas issued by renowned Muslim clerics) and the "unofficial" discourses and practices of local people who are faced with reproductive and child health challenges and concerns. On the local level, it is important to discern what is believed about Islam (e.g., that it prohibits contraception or mandates female genital cutting), even if these local interpretations fail to converge with official religious opinions. As local Muslim populations attempt to accommodate new biotechnologies and health practices into their lives, diverse interpretations of acceptable Islamic behavior are likely to be generated. These diverse opinions and the debates engendered by them are extremely relevant for social policy and social change in the Muslim world.

In some cases, the official interpreters of Islam—largely senior males—are the very ones who are leading the faithful in new directions. For example, the Sudanese campaign to abandon unhealthful female genital cutting operations is receiving support from local religious leaders, based on their interpretations of the Islamic scriptures. Similarly, in the high-tech world of assisted conception, Muslim attitudes toward the newest technological variants are being shaped by otherwise conservative male clerics, particularly in Iran, who are using *ijtihad*, or religious reasoning, to interpret and make sense of new technologies that could never have been imagined in

the original religious texts. Similarly, some Muslim West African religious leaders in France have issued statements in support of contraception, despite the disapproval of other senior clerics. In short, the meaning of Islam is in the interpretation. And anthropology, in its emphasis on interpretation, has an extremely significant role to play in uncovering the multiple "cultures of Islam" among diverse Muslim populations around the globe.

Contributions

To that end, this issue is dedicated to highlighting medical anthropological scholarship on the role of Islam in "health culture" around the world. Here, we highlight the ethnographic work of a number of senior scholars, who have been working productively with Muslim populations over many years (Gruenbaum, Inhorn, and Sargent). In addition, we introduce the research of a number of junior scholars (Johnson-Hanks, Keshavjee, and Tober), who will, we predict, add considerable weight to the scholarly literature on the Muslim world in the years to come.

The focus of this special issue is on reproductive and child health, the two interrelated areas in which the bulk of scholarly attention has been focused. Given the difficult geopolitical realities and outright political violence currently affecting the Muslim societies featured here, it is not surprising that reproductive and child health have been affected in multiple ways, sometimes quite damaging. Three of the articles focus on fertility and contraception in situations in which Muslims are marginalized as ethnic minorities, including as political refugees. One article focuses on child survival in the wake of an ethnically based civil war and profound economic deprivation among the minority Muslim populace. On a somewhat happier note, another article focuses on the creation of children through new reproductive technologies, examining Islamic sectarian differences in the uses of these infertility technologies. And the final article focuses on reproductive health, sexuality, and bodily aesthetics in the global and local Islamic campaigns to eliminate female genital cutting in Sudan.

The issue begins with the article "On the Politics and Practice of Muslim Fertility: Comparative Evidence from West Africa," by Johnson-Hanks. She compares fertility rates in seven West African countries, all with significant Muslim populations. Contrary to the "high Muslim fertility" anxieties of Western anti-Muslim fearmongers, Johnson-Hanks demonstrates that Muslim fertility is lower than that of non-Muslim groups in those countries with Muslim majorities. In those countries with Muslim minorities, an apparent higher reproductive rate converges with that of the majority, when education and urban residence are taken into account. Interestingly, in all the countries examined, Muslim women are more likely than others to report that they wanted their most recent child. Thus, Johnson-Hanks's own conclusions are complex: Namely, in West African countries with Muslim minorities, Muslims face a more rapid "demographic metabolism," with higher mortality and higher fertility. Where Muslims constitute at least 50 percent of the population, they experience lower fertility and mortality than conationals of other religions. Patterns in the "religious demography" of West Africa can be attributed only in part to economic inequality; national politics and the effect of minority status itself have significant effects.

Johnson-Hanks argues that the politicizing of Muslim population rates, although common now in Western discourse, is inaccurate in this instance. Islam shapes reproduction but does not have a uniform effect on fertility across social, economic, and demographic contexts. Accordingly, culturally grounded, local interpretations of the links between Islam and reproduction are imperative. Ultimately, Johnson-Hanks problematizes the presumed relationship between Islam and women's autonomy (or lack thereof), given the ambiguous and contradictory data on West African Muslim women's reproductive "empowerment."

In "Reproductive Strategies and Islamic Discourse: Malian Migrants Negotiate Everyday Life in Paris, France," Sargent demonstrates how the West African migrant population in France confronts profound challenges to conventional gender relations and expectations concerning reproduction. State population and immigration policies in France produce biomedical discourses and practices that generate contested reproductive decisions among the Malian migrants in Sargent's study. Predominantly Muslim Malian women and men frame decisions and debates regarding reproductive decisions in their diverse interpretations of Islam. A gendered Islamic discourse serves as the mechanism by which spouses, extended families, and religious authorities engage in contentious discussions about childbearing, family size, and the use of contraception. Indeed, this gendered Islamic discourse serves as the means to debate changing notions of women's autonomy, marriage, family life, and gendered identity in a Western diasporic setting.

Malian women, who are in frequent contact with biomedical institutions, the educational system, the public housing authority, and other French government structures, are the objects of advice and critique from social workers and hospital midwives, particularly concerning child spacing. The contested issue of contraception, however, masks a broader debate in the West African migrant community on women's autonomy, especially who has the right to make decisions about reproduction. As shown clearly in this article, Malian men and women are interpreting Islamic attitudes toward contraception in diverse and often opposing ways. Thus, Islam is a powerful influence in the reinvention of identity among Malian migrants, especially women, as they engage in the process of integration into mainstream French society.

In "'Fewer Children, Better Life' or 'As Many as God Wants?': Family Planning among Low-Income Iranian and Afghan Refugee Families in Isfahan, Iran," Tober, Mohammad-Hossein Taghdisi, and Mohammad Jalali also explore how reproductive policies and practices are shaped by both global and local dynamics. As a global symbol of an Islamic state, Iran is a particularly informative example of ideological shifts in family-planning policy over four decades. Given a post–Iran–Iraq war population explosion, high-ranking ayatollahs determined that the Islamic ideal of promoting healthy families could be used to justify support of family planning. Without such a family-planning program, dramatic increases in population threatened the country's economic prosperity as well as maternal and child health outcomes. Mosques thus became central sites for the promotion of contraception as well as vasectomy support groups in factories.

Whereas Iranian citizens have gladly adopted contraceptive imperatives, bringing average family size down to two children, Afghan refugees are chastised by the Iranian populace in general for their refusal to adopt contraception. In the aftermath of 20 years of political upheaval in both Afghanistan and Iran, Iran became home to

approximately 3 million Afghan refugees. Comparing Iranians with Afghan refugee families in urban and rural Isfahan, Tober et al. examine how Iran's comprehensive family-planning program has played out among these diverse populations.

According to Tober et al.'s analysis, the Iranian health bureaucracy's perspective on Afghan resistance is that Afghans are Sunni Muslims—hence, their rigid opposition to contraception. The authors' analysis shows, however, that adherence to Shi'a or Sunni Islam does not fully explain contraceptive behavior. Ethnic differences, rather than religious distinctions, more accurately predict attitudes toward contraception among Afghan refugees. For Afghans, attitudes toward proper Islamic conduct in regard to procreation constitute a way of expressing cultural differences through the language of religion. Thus, family planning—and resistance to it—is complicated by ethnic politics and marginalities occurring within complex Islamic societies such as Iran.

In "Bleeding Babies in Badakhshan: Symbolism, Materialism, and the Political Economy of Traditional Medicine in Post-Soviet Tajikistan," Keshavjee also examines the complexities of ethnic and sectarian status in the Muslim-dominant, but also post-Soviet society of Tajikistan. There, increasing rates of infant bloodletting among a Shi'ite minority population reflect a complex set of local religious, historical, and social responses to poverty and ethnic marginalization.

The study population, the Pamiri of Badakhshan, belongs primarily to the Shi'a Imami Nizari Isma'ili sect of Islam and is a distinctive minority population among the predominantly Sunni Tajiks. In explaining the reasons for bloodletting, Islam is implicated in causation and treatment: *jinn* (evil spirits) are thought to enter Isma'ili babies or pregnant women. Mullahs can diagnose this condition, as can other experienced individuals. In contrast, some argue that microbes and fright, in addition to jinn, could be responsible for the symptoms that indicate a need for bloodletting. This occurs in the context of poor living conditions and a perceived increase in alcohol use among adults.

Through the multiple meanings associated with infant bloodletting, religious identities are embodied, and material deprivation—including massive unemployment, imminent starvation, and rising infant mortality—acknowledged. Keshavjee interprets the classic ethnomedical example of infant bloodletting as a moral and existential response to suffering and to the multiple transformations that have accompanied the collapse of the Soviet Union. He also argues for the simultaneous importance of a critical medical anthropological approach. Only through an analysis of political–economic conditions, institutions, and practices can we understand the untoward revival of infant bloodletting in the face of child starvation.

In "'He Won't Be My Son': Middle Eastern Muslim Men's Discourses of Adoption and Gamete Donation," Inhorn shifts readers' attention from Islamically based ethnomedical practices in Tajikistan to the high-tech biomedical world of the Muslim Middle East. There, assisted reproductive technologies are employed by infertile couples to make Muslim "test-tube" babies. A private IVF industry is thriving in the Middle East, because of the Islamic mandate urging individuals to seek solutions, including biomedical ones, to their suffering. However, in Islam, biomedicine, too, has its limits. In the Sunni Muslim world, on the one hand, authoritative fatwas have banned the use of third-party gamete donation in IVF, insisting that donor technologies are immoral on several important grounds. In the Shi'ite Muslim world, on the

other hand, recent fatwas emerging from Iran have challenged this ban, justifying gamete donation as a "marriage savior."

Working in IVF clinics in multisectarian Lebanon, Inhorn examines Muslim men's own interpretations of the conflicting Sunni versus Shi'ite fatwas concerning gamete donation. Most men, both Sunni and Shi'ite, resist the notion of producing a "donor child," especially through donor sperm, arguing that such a child "won't be my son." The notion of "social" versus "biological" parenthood is interrogated in the article, given that adoption is also prohibited in the Sunni Muslim world and is considered unthinkable by most Muslims.

Yet Inhorn also shows how some men are resisting religious orthodoxy and are choosing to make donor children, even if done in secrecy. Inhorn argues that the Shi'ite fatwas allowing donor egg technologies have been a boon to marital and gender relations in Shi'ite-majority Lebanon. There, couples are choosing to preserve their marriages through the use of donor eggs. This practice is also secretly "spilling over" into the Sunni population, suggesting that new reproductive technologies may have profound and unanticipated social effects.

In the final article on "Sexuality Issues in the Movement to Abolish Female Genital Cutting in Sudan," Ellen Gruenbaum examines the global anti–female genital cutting (FGC) movement, as well as internal challenges to that movement in Sudan, reflecting diverse local interpretations of Islam. Gruenbaum, long an authority on FGC, addresses the vexing question of how the most "severe" form of FGC, infibulation, affects sexuality. This includes the sexual aesthetics surrounding the uninfibulated body that reflect and shape women's responses to the movement to abolish FGC. In spite of decades of social action against FGC in Sudan, its prevalence there remains at around 90 percent. However, Gruenbaum's recent fieldwork indicates that a growing percentage of Sudanese have chosen to practice a less severe form of cutting, thus moving away from the most severe type that has been the dominant form.

As elsewhere in the Muslim world, Islamic scholars deny that Islam mandates FGC. Yet, at the local level, Sudanese Muslims who practice FGC believe that it is required or at least permitted under Islam. The imposition of shari'a law in the 1980s has raised continuing debates regarding whether legislation against all forms of FGC is acceptable under Islamic law. Intense controversies about what procedures are and are not allowed under Islam have become prevalent. Nonetheless, as Gruenbaum observes, the widespread reluctance to eliminate infibulation merits explanation. In her book *The Female Circumcision Controversy* (2001), Gruenbaum identified sexuality, morality, and marriageability as strong influences encouraging FGC. The focus on health concerns has evidently not markedly altered perceptions of the need for girls to be cut, leading Gruenbaum to conclude in this article that morality and sexuality—especially the fear that the aesthetically displeasing uninfibulated female body will not satisfy sexual partners—continue to serve as fetters holding people back from abandoning FGC.

Gruenbaum's study explores the embodiment of aesthetic values, decency, and propriety and suggests that the link between infibulation, notions of body image, sexual appeal, and revulsion account for much of the resistance to abandoning FGC. Especially provocative is her discussion of how infibulation affects sexual desire and responsiveness in girls, women, and male partners. Indeed, Gruenbaum

argues that discussions over FGC have led to a new openness about sexuality and gender relations in Sudan, including rethinking local Islamic moralities regarding the importance of premarital virginity. Gruenbaum's analysis makes us consider how Islam is implicated in social policy, in this case the movement to eradicate a "harmful practice" that is seen, at least locally, as rooted in Islam. However, as noted earlier, senior male Muslim clerics are serving as anti-FGC change agents in Sudan.

Indeed, Gruenbaum's article, like several of the others in this special issue, requires readers to rethink vilifying stereotypes of Islamic clerics—and of Muslim men in general. As shown in this special issue, Muslim men play an important role in reproductive and child health, often struggling to do what is right by their wives and families, according to local religious norms. Although men's and women's interpretations of Islam may differ in ways that prove deleterious to women, the opposite is often true, as seen in cases of vasectomy in Iran, IVF and egg donation in Lebanon, and the reduction of the most harmful types of FGC in Sudan.

Ultimately, we hope that *MAQ* readers will learn a great deal about Muslim men and women in the realms of reproductive and child health from this unique set of articles. Together, the articles bespeak both the humanity and the suffering of Muslim peoples—dimensions that are so often overlooked in the hegemonic Western discourses about the "evil" and "wrongdoing" of the Muslim world. In the post-9/11, war-in-Iraq, new millennium in which we live, debunking these kinds of extremely deleterious and unhelpful stereotypes is imperative. Anthropology has a critical role to play in such an endeavor. This special issue, with its examples from Muslim societies around the world, is intended to be a step in that direction.

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