Male Infertility, Chronicity, and the Plight of Palestinian Men in Israel and Lebanon

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Male infertility is a neglected reproductive health problem, yet it contributes to at least half of all cases of subfertility worldwide (P. Chan 2007; Kim 2001). Male infertility is often idiopathic, or of unknown cause; hence, it is recalcitrant to prevention and is among the most difficult forms of infertility to treat (Carrell et al. 2006; Devroey et al. 1998; Irvine 1998; Kamischke and Nieschlag 1998). So-called male factors in infertility include low sperm count (oligospermia), poor sperm motility (asthenospermia), defects of sperm morphology (teratozoospermia), and total absence of sperm in the ejaculate (azoospermia), the latter sometimes due to infection-induced obstructions of the epididymis.

Male infertility is a health and social problem that remains deeply hidden, even in the West. Studies have shown it to be among the most stigmatizing of all male health conditions (Becker 2000, 2002; Gannon et al. 2004; Greil 1991; Inhorn 2004a; Lloyd 1996; Upton 2002). Such stigmatization is clearly related to issues of sexuality. Male infertility is popularly, although usually mistakenly, conflated with impotency, as both disrupt a man's ability to impregnate a woman and to prove one's virility, paternity, and manhood (Inhorn 2002, 2003a, 2003b, 2004a; Upton 2002; Webb and Daniluk 1999). Although little is known about the experience of male infertility worldwide, scattered reports show that male infertility, like female infertility, has profound effects on personhood, marriage, and community relations, particularly in pronatalist settings where all adults are expected to marry and produce offspring (Carmeli and Birenbaum-Carmeli 1994, 2000; Inhorn 2002, 2003b, 2004a; Upton 2002). Thus, male infertility is often a cause of profound human suffering, particularly in high-fertility societies where all men are expected to father offspring. For this reason alone, it is a global reproductive health problem of considerable significance.

In the Middle East region, all adults are expected to marry and produce offspring; raising and nurturing children, especially sons, is a key component of a man's patriarchal authority; and men who do not become family "patriarchs"

may be deemed weak and ineffective (Birenbaum-Carmeli et al. 1995; Carmel and Birenbaum-Carmeli 1994, 2000; Ghoussoub and Sinclair-Webb 200 Inhorn 2002, 2003b, 2004a; Lindisfarne 1994). In such a social climate, chron unresolved male infertility has far-reaching implications for the construction masculinity, marital life, kinship, and community relations.

In Euro-America, there is little difference in men's and women's rates o infertility: male infertility contributes to about 40 to 50 percent of all infert ity cases. In the Middle East region, in contrast, male infertility appears to b considerably higher, with rates of 60 to 70 percent in infertility clinics the (Inhorn 2004a). This is partly an artifact of the lower rates of infertility amon women compared with other settings, due to relatively low rates of sexuall transmitted infections (STIs). But male infertility is also influenced by othe factors in the region. Pesticides, lead, and other heavy metals are sperma toxic; thus, ambient air pollution may contribute to male infertility (Inhor et al., forthcoming-a; Hopkins et al. 2001). Heavy consumption of caffeine an tobacco by Middle Eastern men may also exert negative effects on male fert ity (Curtis et al. 1997; Inhorn 1994; Kobeissi et al., forthcoming). Rare gene sperm defects also appear to be responsible for many—perhaps most—mal infertility cases, due to microdeletions on the Y chromosomes. Such gene mutations are magnified through the consanguineous (cousin) marriage pra tices preferred among Muslim populations across the Middle Eastern regio (Baccetti et al. 2001; Inhorn and Birenbaum-Carmeli, forthcoming; Inhorn et a forthcoming-a, forthcoming-b, forthcoming-c; Latini et al. 2004). These gene forms of male infertility tend to be very severe, to cluster in families, and to b untreatable (Baccetti et al. 2001), presenting as a chronic condition over the course of a man's entire life.

A variant of in vitro fertilization (IVF) known as intracytoplasmic sperm injection (ICSI) may assist severely infertile men to reproduce. Spermatozoa are injected directly into oocytes, effectively forcing fertilization to occur. As lon as one viable spermatozoon can be retrieved from an infertile man's body sometimes through painful testicular aspirations and biopsies—ICSI can enabl infertile men to father biogenetically related offspring. ICSI provides infertil Muslim men with their "only hope" to overcome their infertility, given the wide spread Muslim prohibition on donor insemination and legal adoption (Clark 2008; Inhorn 1996, 2003a; Meirow and Schenker 1997; Serour 1996; Sonbol 199 Tremayne, forthcoming). However, ICSI is expensive and subsidized by only a few Middle Eastern Muslim states. Infertile Muslim couples must pay between $2,000 and $5,000 for one ICSI cycle, effectively restricting the technology to the middle and upper classes (Inhorn 2003a).

In Israel, in contrast, the state funds IVF and ICSI services more comprehen sively than any other country in the world, and Israel's consumption rates per capita are therefore highest. This is partly because of the perceived centrality o reproduction for national survival and regeneration (Kahn 2000). IVF service

provided in twenty-four IVF centers throughout the country at a rate of up seven free cycles or until the live birth of two children (Kahn 2000). These services are extended to women of all marital statuses until they are forty-five years of age, or, if using donor oocytes, age fifty-one (Birenbaum-Carmeli and Carmeli, forthcoming). Although patients make a small financial investment to complete an ART cycle (e.g., minimal supplementary patient contributions, travel expenses, and days off work), universal state funding makes Israeli ART clientele more socioeconomically diverse than in most other countries.

Although state funding is directed primarily toward the state's Jewish population, treatment is also offered to and widely consumed by non-Jewish Israelis. Palestinian citizens living within Israel are therefore in a privileged position as the only Middle Eastern Muslim population with free access to IVF and ICSI. This is especially important, given that Israel's minority populations are also highly pronatalist (partly as a reaction to Israel's nationalist campaigns to outstrip Muslim birthrates) (Kanaaneh 2002). Childbearing is of paramount importance to Israel's religious minorities, who, despite widespread access to family planning, have a relatively high average number of children per family, 4 in Muslim families, 2.6 in Druze families, and 2.14 in Christian families (Birenbaum-Carmeli and Carmeli, forthcoming; Kanaaneh 2002). However, the Israeli Palestinian population also suffers from high rates of male infertility—up to 60 to 70 percent of all couples seeking infertility treatment (director of the Galilia IVF center, personal communication, December 2007).

Palestinian Men and the Middle Eastern State

Palestinian Citizens of Israel

Despite infertile Palestinian men within Israel enjoying generous ART benefits, Palestinian men in Israel, as elsewhere in the Middle East, are deprived of many basic human rights. Israel's Palestinians constitute a sizable minority population. Of Israel's total population of seven million, 80 percent is Jewish and 17 percent is Palestinian Muslim (an additional 2 percent are Christian and 1 percent is Druze). Officially, the non-Jewish minorities are equal Israeli citizens. In practice, minority populations are subject to various sorts of formal and informal discrimination and restrictions on multiple levels.[1]

First, more than 260,000 Palestinians live within Israel as "internally displaced persons" (IDPs)—removed from their original homes and sometimes living in nearby "unregistered" villages that receive no government services (Slyomovics 1998). In the sphere of education, Israeli Palestinians have a higher student-to-teacher ratio, less equipped schools, insufficient vocational education, and lower achievement levels (Al-Haj 1995; Eisikovits 1997; Smooha 1989), and are underrepresented in higher education (Guri-Rosenblit 1996, 1999). In the labor market, technological professions are semiofficially blocked to Palestinians on grounds of state security. About two-thirds of Israeli Palestinians are

unskilled workers (Adva Center 2003); unemployment among Israeli Palestinians continues to soar (Mesch and Stier 1997); and income levels are significantly lower when compared to Jewish counterparts (Adva Center 2004).

Another crucial point of difference is in the political realm. With the exception of Druze men, Israel's other religious minorities are exempted from military service. Consequently, Israeli Palestinians are less exposed to the risk of military service than those faced by Israeli Jewish men. But this does not mean that Palestinians bypass the devastation of regional wars. For example, the 2006 summer war between Israel and Lebanon's Hizbullah significantly affected the Palestinian population living in the northern regions of Israel, including the city of Haifa. In neighboring Lebanon, Palestinians living in refugee camps throughout the southern half of the country faced considerable death and destruction yet were unable to flee to safer havens to escape the fighting.

Palestinian Refugees in Lebanon

In the year 2003, the number of Palestinian refugees was estimated at 9.6 million in total.[2] The majority live within one hundred miles of the borders of Israel: more than half in Jordan, more than one-third in the West Bank and Gaza Strip, and about 15 percent equally distributed between Syria and Lebanon. Of these refugees, 3.8 million are registered with the United Nations Relief and Works Agency (UNRWA), which administers fifty-nine refugee camps throughout the West Bank, Gaza Strip, Jordan, Syria, and Lebanon. Since UNRWA refugees fall outside the jurisdiction of the UN High Commission for Refugees (UNHCR), they enjoy fewer protections than refugees elsewhere in the world.

According to UNRWA, nearly four hundred thousand people are registered in Lebanon, where they now constitute approximately 10 percent of the total Lebanese population of 4.3 million.[3] Yet, Lebanon is the host country deemed "least hospitable" to Palestinian refugees, and they have faced unique problems of reception since their arrival in 1948. For example, the "unruly" presence of the Palestinians—including the existence of the Palestine Liberation Organization (PLO) in Lebanese refugee camps—has been widely blamed by the Lebanese government and its citizens for the descent into fifteen years of civil war (1975 to 1990) (Inhorn and Kobeissi 2006; Said and Hitchens 2001). Palestinian refugees are still considered "foreigners" in Lebanon, even after living there for three generations (exactly sixty years, from 1948 to 2008). Palestinians are prohibited legally from working in more than seventy trades and professions, and so experience high rates of unemployment, limited access to educational facilities, and lack of access to government social services; social services are provided to them almost entirely by UNWRA. Although some educated Palestinian families who fled to Lebanon in 1948 have been able to maintain middle-class professional status, the vast majority remain poor and stateless, granted travel documents but not citizenship (Peteet 2005). Sons and daughters of middle-class Palestinian families in Lebanon often migrate to the Arab Gulf in search of employment

excepting Jordan, no Arab country has extended its citizenship privileges to exiled population.

In this chapter, we explore Palestinian men's lives on both sides of this and conflict-ridden political border. We argue that, in many ways, infer- Palestinian men live lives of "quiet desperation," especially when they face able infertility. Among Palestinians, infertility presents as a threat to normative childbearing. For men, male infertility leads to various forms embodied suffering and social marginalization within their pronatalist social milieus. The situation is made much worse for Palestinian men in Lebanon by complete lack of state rights and subsequent difficulties of accessing ARTs. While Israel subsidizes ARTs for all Palestinian citizens, Lebanon does not, leaving infertile Palestinian men in a very difficult position. Moreover, many of these men attribute their infertility to the chronic hardships of their lives, including exposure to multiple wars, injuries, refugeeism and exile, impoverishment, heavy and toxic labor, and depression. Palestinian men seeking treatment in Lebanon speak openly of their lack of basic human rights, not only in Lebanon, but as labor migrants in other countries. For them, infertility is symptomatic—indeed, the very manifestation—of their chronic condition of statelessness, oppression, and suffering. *Chronicity*, therefore, has multiple meanings—as a lived, embodied experience of infertility and its treatment *and* as a biographical, life-course disruption instantiating the larger political reality of chronic statelessness, oppression, lack of basic rights, and lives spent in exile.

Male Infertility as Symptomatic of Palestinian Suffering

In this chapter, we explore male infertility as an understudied chronic condition, which (a) manifests in early adulthood, (b) is usually identified through diagnostic procedures occurring after marriage, (c) is generally incurable because of its genetic etiology, (d) must be solved through high-tech medical interventions that may or may not be accessible, and (e) when unresolved by these technologies, may manifest as a lifelong experience of reproductive impairment. Although male infertility is rarely classified as a chronic disease or even a disease per se (van Balen and Inhorn 2002), chronicity is a hallmark feature of male infertility. Among Palestinian men who have suffered throughout their lives, male infertility comes as yet another devastating blow to selfhood, social reproduction, and escape from misery. We draw on data from interviews with Palestinian men in four countries: Israel, Lebanon, the United Arab Emirates, and the United States. Together, more than thirty Palestinian men were interviewed in the four settings; here we focus on the thirteen men interviewed in Israel and the eleven men interviewed "across the border" in Lebanon. In Lebanon, interviews were conducted by Marcia C. Inhorn over eight months in 2003 (notably, during the U.S. invasion of Iraq), in two of the busiest and most successful IVF clinics in central Beirut. One was located in a large, private, university-based teaching

hospital and catered to a religiously mixed patient population of ... and Shia Muslims, Christians of various sects, Druze, and various ... populations. The other was a private, stand-alone IVF clinic caterin... ily to southern Lebanese Shia patients, but also Christian and Sunn... patients from Lebanon, Syria, and the Palestinian refugee camps in ... Lebanon. Between these two clinics, 220 Lebanese, Syrian, and Palestin... were recruited into the study. One hundred twenty were infertile "ca... one hundred were fertile "controls" who were accompanying their infert... to the clinics. Of the eleven Palestinian men who were interviewed, ... infertile themselves, and four were married to infertile women.

The major theme of the interviews in Lebanon—although less so ... was the multiple forms of suffering that the men had endured as ... who had lived through or were currently living in a state of perpetual ... and suffering. All eleven men interviewed in Lebanon had suffered ma... changing events, including political violence tied to the Lebanese civil ... the First Gulf War in Kuwait. In all cases but one, these men were bo... non following the flight of their parents to refugee camps there or to ... the case of some middle-class families. In all cases but one, they were ... live through—or to flee from—the fifteen-year Lebanese civil war, which ... oped the country and led to the blaming and victimization of Palestinian ... cially Palestinian men (Makdisi 1999; Said and Hitchens 2001; Tessler ...

All of the men who stayed in Lebanon during the civil war were ... injured and hospitalized, had family members who were injured or kill... in bomb shelters through periods of heavy bombardment, or were forced ... their homes at various periods throughout the war. Two of the men were ... in Ein el-Hilweh refugee camp in southern Lebanon when the war broke ... (where they remain today). Neither was able to exit the camps or the ... during the civil war, so they stayed and were caught up in the fighting (in ... cases for Fatah, the military wing of the PLO). Both were severely injured ... remaining in an UNWRA hospital for six months. His home was also ... in an Israeli bombing campaign. The parents of seven of the men even ... sent them out of the country, or fled together as families to safe havens ... course of the war. However, in two cases, men suffered further violence ... "host" countries. One man living in Kuwait with his two brothers was ... beaten (including in the genitals) by a gang of angry Kuwaitis, who scap... the Palestinians during the First Gulf War (when the PLO sided with S... Hussein against the U.S.-led coalition). In another case, a young man w... by his middle-class family to the United States to pursue an engineering d... he was brutally beaten by a gang of Italian youths who discovered he wa... estinian and kicked him so hard in the genital region that he has suffered ... impotence problems ever since.

Violence was therefore a part of virtually every narrative among the ... tinian men interviewed in Lebanon. In most cases, men linked this violen...

... their male infertility. The most commonly cited reason for male ... not only by the Palestinian men but the Lebanese men as well, was ... war." Many men believed that their infertility somehow stemmed ... experiences of war, including the injuries they had sustained from ... and genital torture; the stresses and fears caused by living ... loss of homes, and economic impoverishment; and the toxins to ... were probably exposed through bombing and the dumping of toxic ... some men, especially those living in refugee camps, the violence ... until 2000, with the Israeli occupation of southern Lebanon and the ... ment of thousands of Palestinian and Lebanese men. (It likely resumed ... during the 2006 Israel–Lebanon summer war, which occurred after ... study was conducted.) At the time of this study in 2003, four men ... to live outside Lebanon, but had returned to Beirut for ART services. ... returned to Lebanon permanently following war-related exile. Many ... feelings about their lives back in Lebanon, but remained there ... family ties and lack of other life options.

... one of these men were heavy smokers (one-half to three packs per ... none tied their smoking to their infertility problems. Rather, they ... moking to be their major form of relief from chronic stress, tension, ... sychological states." Expressions of depression were frequent in the ... One man described his life as "taking a camel on my back." Another ... man—wearing dirty, threadbare clothing to the clinic and living in ... camp throughout his life—said that he drank a bottle of whisky a ... though alcohol is prohibited by his religion, "just when I'm in a bad ... admitted that his "bad mood" occurred frequently, with "stress every ... to unemployment, poverty, and fifteen years of childless marriage. He ... one is happy in this life. Personally, I've never been relieved in my ... When asked why he thought he was infertile, another very depressed Pal... man stated:

> ... I think it's the stress, the exposure to gases in the type of work ... manual labor] I do, the exposure to the sun. I think maybe the work is ... most important; the work is stressful. But also it's from too much ... thinking—the politics, the situation. I think too much about the stability; ... is nothing stable for the Palestinians in the Middle East. I'm watch... the news, seeing the Palestinians, the suffering. It's a lot of stress. It's ... only the economic situation, but the lack of stability and having to ... from one country to another.

Male Infertility, Masculinity, and Biographical Disruption

... Palestinian men in Lebanon were much more likely to tie their infer... ... hardships of being Palestinian in a hostile world, most men in both

Israel and Lebanon viewed male infertility itself as a major life disruption. their view, being infertile had created a situation of significant diversion fro "normal" life trajectory. Generally, these men had expected to marry and h children in their twenties. Delayed marriage and childbearing and "late enthood were not valorized, even for men pursuing professional careers. T infertility resulted in a sense of asynchronization, of life lived off schedule out of time. Being "off schedule" served to materialize their reproductive imp ments, setting them apart from peers, and demonstrating the gap between t ruptured biographies and the normal (Palestinian) life course. In the word one thirty-year-old Palestinian man in Israel, who had been in treatment fo infertility for more than five years:

> I'm not young; I'm thirty. When my son is twenty, I'll be fifty already, 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 to have children. You prepare for this all your life, but now I'm not young anymore.

An even stronger sense of asynchronization imbued the narrative of a Pal tinian man, age forty-four, who was living in a midsize village in Israel's heav Muslim Galilee region. Having divorced and remarried in order to have childr he reflected on his previous marriage and childless life:

> I am forty-four today. Some of my schoolmates are already grandfathers. You know, we marry early, at nineteen, twenty. So if someone has a daughter of twenty-four, who has married at eighteen, nineteen, today he's a grandfather. Some [children] go to the university. And I was the first one to marry among my friends. I was twenty. So sometimes I have these thoughts, about those two kids, the two miscarriages we had [in his first marriage]. They should have been twenty, twenty-one today. And it's great, it's fun, you know, a man of forty-four who has children of twenty-one. It's a joy.

Local context is of great significance. Palestinians in Israel are likely to marry much earlier than Palestinians in Lebanon, who have faced demographic shifts and delayed childbearing as a result of the long civil war (Kobeissi et al., forthcoming). One man in Lebanon, who had spent twelve the war years in Kuwait and had then traveled to Europe to study, had adopted somewhat different views about marriage and family life as a result of his li outside Lebanon. He did not marry until age forty, and instead of taking much younger, highly fertile wife (the common course), he decided to marry an otherwise unmarriageable relative, who was living in Lebanon. He knew that at age thirty-nine, with a mentally retarded sister, she would have few other suitors. Although he married her out of compassion rather than lo

learned to love her over four years of difficult treatment and ongoing lessness, as he explained:

> rom the beginning of marriage, I made it clear to my wife—before marage—that we could adopt a child, because we married at an older age, nd this shouldn't affect our marriage or our life. I think in the long run, y wife will ultimately be affected if we don't find a solution, because, nature, the wife is much more emotional than the husband. I mean, affecting her personhood [*sic*]. She feels inferiority, that something's cking, and she feels down, depressed. Despite the fact that I *told* her at having our own children doesn't matter, I'm sure, ultimately, that will affect her. Two times, when the operation [IVF] failed, she felt pressed and cried. I tried to ease her pain and tell her that it doesn't ceed from the first operation. We're both old, and because of our e our chances are less. So now, we're both trying to sort it out [their utual infertility problems].

Both this man and his wife were working as teachers in UNWRA schools in non, and were exposed on a daily basis to many Palestinian refugee chil- including orphans. Unusual among the men in this study, this man had emplated adopting an orphaned child:

> As for adoption, yes, why not? I thought about this. So even though you raise a kid who is not originally your kid, with time, he'll get used to you nd you to him, and he will be like your kid. But she's not supporting his idea. She prefers to have her own kid. But I think, in the long run, if 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 love children—*any* child. I can, I think, feel pleasure to have any child. Sometimes I feel myself a father of any child. I can play with him, talk with him; most of the children love me.

As noted earlier, however, legal adoption is not an option for most Muslim who follow the religious guidelines prohibiting this practice (Bargach 002; Clarke 2008; Inhorn 2006a; Sonbol 1995), and so was not a viable solution childlessness for infertile Palestinian men in this study. To repair an infertile ography and to achieve full adult personhood, a Palestinian man must achieve logical fatherhood through the impregnation of his wife.

The inability to impregnate one's wife created threats to masculinity for n this study, on both a personal and community level. A Palestinian man ng in Lebanon remarked:

> 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 ... when I started to see doctors, this is a long time. I feel guilty toward ... wife. She wants to have a baby. Before, I didn't, I wasn't as much like ... I wasn't wanting a child so much. But now I'm starting to think about ... I love kids, yes. I love them. And, for the future, they will take care ... wife and me, later in life.

This man's comments are telling. First, his infertility has clearly ... upon his masculinity, although he is reluctant to admit it, because ... is to question God's wisdom. Second, his infertility has been chronic ... thrust him into a decade of unsuccessful treatment-seeking. During ... his wife has desperately wanted a child, suffering her own "courtesy" ... disruption, for which he feels very guilty. Although initially denying ... fatherhood feelings in the early part of his marriage, he has developed ... need for children. He also worries about the future life course in a ... few social safety nets. In short, childlessness has caused chronic suffering ... biographical disruptions for both this man and his wife.

Male Infertility and the Burden of Secrecy

When a Middle Eastern man is infertile, his wife is usually expected to ... accept the situation, and even assume the blame for the reproductive ... in public (Inhorn 2003a, 2003b, 2004a). A Palestinian man living in ... who had traveled back to Beirut for treatment, had a great deal to say ... this injustice:

> When I was married, I went to a doctor, and he was all secretive ... him, "Why must it be secret? I'm not shy about it. It's a sickness, and ... looking for treatment." I wouldn't do like other men [do]. They say ... problem with their wives. I wouldn't do this. I say it's from me, and ... 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, ... from him, it's from me," so that I don't feel hurt. But then she found ... there's nothing wrong with her, so why should she do this? Men's sperm ... are much less [invasive] than women's, so men should pursue it. But ... estinian, Jordanian men, they think it affects their manhood. But I and ... wife are the same. A man is like a woman, there's no difference. She ... get sick, and I can get sick. It's just a disease. So I tell people it's from ... But, on the contrary, other [men] will say [to me], "I'm a man because ... have children. If you don't have a child, you're not a man."

As is clear from this man's statement, male infertility is considered ... emasculating and stigmatizing—a real threat to manhood. As a result,

... men refuse to reveal their condition in public (Inhorn and ... meli, forthcoming). Male infertility is shrouded in secrecy, leading ... problems of disclosure. Yet, this secrecy is not invariant, and as ... ity is becoming "medicalized," there seems to be a normalization ... ing, particularly in the decade since ICSI was introduced in the ... In the Lebanese study, men acknowledged increasing openness ... infertility these days, particularly in light of the modern infertility ... vices being provided and advertised widely in the country. Further... inside treatment centers, men were beginning to accept that male ... medical problem, "like any other medical condition." Thus, male ... not necessarily the major crisis of masculinity that it used to be.

... said this, the men in this study in both Lebanon and Israel exhibited ... of communication patterns, ranging from full disclosure and close ... treatment details to complete concealment and secrecy. A significant ... men in both countries had consulted relatives and friends to obtain ... advice and the names of good infertility specialists. In some families, ... wives took an even more active role by escorting the couple to the ... donating money for treatment, or caring for the wife after an ICSI cycle ... leted. Other men preferred to avoid intimate sharing of their cases, ... their communication with family members; they explained that ... receiving treatment," but would not divulge the timeline or technical ... general, secrecy was still the norm, with men hiding the fact of their ... from their family, friends, and colleagues.

... countries, men invested a great deal of energy in deciding whether ... to what extent, to share information about their male infertility ... treatment within their social surroundings. One Israeli Palestinian man ... horrified by the thought of telling his parents and in-laws about his ... ility. Aged thirty-three and married for six years (five of those years ... ment), this religious Muslim construction worker explained, "Wouldn't ... minds to tell the family! When they ask, we say '*Allah akbar*' [God ... Another man, a more highly educated computer technician, aged ... and married for just two years, described how he and his wife, a ... kept "gaining time," telling their parents that they were delaying child... in order to establish themselves professionally. This man added that ... and his wife were concerned that the parents might accuse the other ... of the problem, so they preferred to conceal the infertility. Even a letter ... gynecologist, which his mother had found, did not lead him to greater ... of his male infertility problem. "We decided to keep it all secret, and ... update anyone. Today, for instance, no one knows we're here at all. I ... do it quietly. 'Quiet water runs deep' is the saying, right?" A third Israeli ... man rationalized the secrecy through his wish to spare his wife of ... "comfort visits," which only result in "the [visitors'] children making ... ness that she [his wife] then has to tidy up when she has no power."

Secrecy was even more important outside of the family, in relation
friends and colleagues. With the exception of one man who said he shar
treatment information with his friends, all other Israeli Palestinians descri
the treatment as "a very personal thing" and preferred to keep it a secret. O
of these men described how he proactively obstructed any "probing" by
acquaintances:

> 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 our
> selves." I said: "According to what I read in the books, they recommend
> and so." I talk as an educated man without revealing that I'm undergoing
> the process myself.

A thirty-three-year-old bus driver, married for four years, attributed
concealment to the expectations of being hurt by commentary and gossip:

> It's difficult for her anyway, and then people around say [to me], "It
> because you didn't sleep enough, you were working too hard, you don't
> really want children." And people gossip. It's harder for her than for me.

While all Israeli Palestinians in the study had confided in their supervi
primarily in order to be granted days off for clinic visits, all had kept the in
tility and treatment secret from their colleagues. Even when presented with
direct question—namely, "What did you talk about so privately with the bo
one man in the study, a thirty-three-year-old bakery worker, carefully gu
his secret: "Of course, I invented something completely different. It's mo
their business, the things I'm going through at home."

Male Infertility and the Travails of Treatment

One reason why Palestinian men may prefer not to disclose their infertili
its treatment is that treatment itself may be stigmatized. In the Middle
IVF and ICSI retain a "technological stigma" as a morally dubious way to ma
baby (Inhorn 2003a). Even though all branches of Islam consider IVF and
be permissible forms of treatment—as long as they are performed using
band's sperm and a wife's eggs—lingering suspicions continue about labora
mix-ups or immoral doctors intentionally mixing sperm. As a result, infer
Middle Eastern Muslim men often worry about these eventualities, or a
about what people might be thinking. As one Palestinian man living in Le
explained it:

> I won't tell anyone, because the community here in Lebanon, they don't
> let you go without asking something like this: "Isn't it *haram* [religiously
> prohibited]? What's that!" And they will look at you differently. I know
> that here in [named] hospital, they do it perfectly. But we heard that in

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

Despite these anxieties, all men in this study were attempting to overcome
infertility via biomedical treatment, including through repeated trials of
in some cases. The decision to pursue treatment was a central factor shap-
their experience of infertility. Whereas in the past, male infertility was first
foremost a nonevent—a vacuum in one's life that could not be overcome
through therapy—today in the era of ICSI, male infertility has become a dense
occupation, filled with biomedical intervention. ICSI has traveled globally,
has turned infertile men and their fertile wives into patients, regular visi-
and clients of the reproductive healthcare system. In short, at the dawn
the new millennium, ICSI has become a major factor shaping contemporary
infertility experiences across the globe.

The key role that ICSI now plays in the very definition of male infertility
evident from our interviews. While male infertility is defined outside clinic
by the perceived inability of a man to impregnate his wife, this definition
changes radically once an infertile man steps into an IVF clinic, where a differ-
ated notion of male infertility comes into play. The concept of "degrees of
ility" is immediately applied, in order to locate the patient along an impair-
continuum. This graded perception of the severity of male infertility is
wholly clinic generated and treatment related. Through the microscope in
IVF laboratory, experts examine sperm retrieved from semen—semen that
has masturbated into a plastic cup, retrieved from postcoital perforated
toms, or surgically removed directly from the testicles (Inhorn 2007b). The
are separated from semen through various spinning and washing tech-
ques, then graded on the basis of numerous fertility-related factors, including
movement, and shape. On the basis of this grading system, physicians
their treatment recommendations, including whether or not ICSI will
ed in a given case. Indeed, the grade of the impairment determines the
treatment that will be proposed. Intrauterine insemination (IUI) using
husband's sperm is generally recommended for less severe cases of male
ility. But, when this fails, a couple will be moved along to ICSI. Failing ICSI
cause of a severe sperm impairment is construed as much graver than failing
because at that point, the only alternative is donor insemination (DI), which
religiously prohibited for Sunni Muslim men.

Because all men but one were Sunni Muslims, DI was out of the question,
so they felt compelled to pursue ICSI once they learned of a severe sperm
ment. In the Lebanese study, five men were on their first cycle of ICSI at
time of the interview, but four had undergone repeated cycles of IVF or ICSI—
three times in three cases and five times in one case. The "chronic" nature of
infertility was striking: Even though the eleven men in this group had been
an average of ten years—to cousins in five cases—they had yet to achieve

pregnancies after years of relentless "searching" marked by "chronic" sperm
ing and hormonal treatment in some cases. Many had visited multiple doctor
undergone repeated semen analyses. But, because of lack of economic resou
poor medical advice, unsuccessful trials of IVF and ICSI, and the religious ba
DI, they had failed to achieve viable pregnancies with their own sperm.

Male Infertility, Reproductive Rights, and the Middle Eastern State

There is significant dissatisfaction with the level of biomedical care for
infertility in Lebanon. Although Lebanese medicine is generally highly regar
in comparison to medical care in other Middle Eastern countries (e.g., neigh
ing Syria), men complained that Lebanese doctors are "greedy" and "comm
cial" and will mislead patients in order to make money. Unsavory mercantil
in medicine was a common refrain in the interviews, even among Leban
citizens in the general male infertility study. Because Lebanon's medical sys
is highly privatized, Lebanese physicians are steeped in fierce competition
patients in a small, resource-poor country, where patients may have diffi
paying for their services.

Such is the case with infertility. Infertility medicine in Lebanon is an enti
private industry, with more than fifteen IVF clinics competing for pat
(Clarke 2008). The Lebanese state—which is weak and politically divided—d
nothing to regulate or subsidize infertility treatment services, meaning
patients must pay for diagnosis and treatment out of pocket. Without reg
tory oversight, infertility services there may be suboptimal, even unethica
some cases. Men in particular are subject to negative competition. For exam
most infertile men begin their treatment with urologists, who convince
to undergo an unnecessary genital surgery called "varicocelectomy." Altho
Lebanese urologists often claim that varicocelectomy will necessarily re
a man's impaired fertility, this surgery is overused and does little to impr
sperm profiles in most infertile men (Inhorn 2007a). Several of the Pales
men had undergone varicocelectomies in Lebanon—sometimes twice—with
experiencing any improvement in their fertility profiles.

Furthermore, in Lebanon, all of the men who had undergone ICSI had
for it—sometimes dearly—given the high cost of this procedure. At the
the study, a single cycle of ICSI cost between US$2,000 and US$5,000, exc
ing medications. The average annual income of the Palestinian men was
US$13,950 (excluding the one outlier who made US$84,000/year as a
Asian medical equipment salesman). For the Palestinian men, one cycle o
represented one-sixth to one-third of their annual income. For the two
living in refugee camps and earning only US$2,340/year and US$4,200/ye
driver and a pipe fitter, respectively), ICSI represented a year's worth of earn
which they could ill afford.

Although most men complained about the high cost of treatment, none
ined to expect that the state would provide this service to them for free.
r experiences with the Lebanese state had been largely negative. They real-
little, if anything, in the way of tangible benefits, and many of them had
ered considerably because of the state's basic opposition to the Palestinians
midst. Furthermore, these men longed to return to their families' original
mes in Palestine, but as Palestinians living in Lebanon, they had no right to
Israel. (Lebanese citizens also cannot travel to Israel.) One educated Pales-
an man summed up the situation quite poignantly:

> For me, I have a problem in shape [of the sperm] and the activity and the number. He [the doctor] told me, "After six months, if there is no solution, you will have to go to Beirut." He said the only solution is ICSI. I had made IUI two times already, but both times the result was negative. After one year, my brother gave me the name of a new doctor in Syria, a very, very nice and good doctor. But he looked at all of our tests and he said, "You will have to go to *in vitro*." But we have our jobs as teachers, and it is not easy to make [because of lack of money]. So we asked him to make IUI for us two times in Syria. The results were also negative. My friend in the 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 to the center because of the price. They told me it would be $4,000 to $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 less, 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 fifty 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 . . . [His green eyes welled up at this point, and we shifted the interview to another subject.]

Ironically, for Palestinian men whose families did not leave in 1948 and who ended up spending their lives in northern Israel, their Israeli citizenship confers upon them the right to state-subsidized medical treatment, including for infertility. Israel is the only Middle Eastern nation-state that provides comprehensive, state-funded infertility treatment. Its state subsidization of IVF, GIFT, and other ARTs is the most generous in the world (Birenbaum-Carmeli and Inhorn 2007). Like all Jewish Israelis, Palestinian citizens of Israel are entitled to state funding for fertility treatments, which are guaranteed as part of their

civil rights. Indeed, infertility treatments—and health care in gen
from this study as one domain in which Israeli Palestinians feel
equal and high-quality state services.

Beyond their unanimous expressions of satisfaction with the
staff (perhaps influenced by being interviewed by a Jewish woman
as taxpayers, also expressed deep confidence in their civil entitle
tility services. When compared to the Palestinian men interviewe
Israel's Palestinian residents sounded substantially more secure
political environment. As several men explained:

> The state owes me these things. I pay income tax; I have my
> my rights. Not only I, generally, that's the way it should be
> they give this money, but it's my right.

> What do you mean? Of course, the state should pay! I pay tax
> security, health tax, and this supplemental [private] insura
> I'm entitled to what I'm entitled to. When I deposit money
> ment fund, I'll get my money when the day comes. It's the sa
> pay health tax, and when I need, I deserve to get back. Why
> deserve, I deserve.

> This is certainly a thing the state should be giving, better than
> money elsewhere, better than a missile that costs like a few
> Better invest in education, health, improve hospitals.

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

Satisfied as they were with the local healthcare system, the m
in Israel mistakenly assumed that Western countries provided
erous infertility services. Probably owing to their ambivalent
the Israeli state, most men normalized the Israeli healthcare syst
downplayed it in comparison to the West:

> I think that in Europe, welfare states, as they are called, pro
> more, because here, they take all their ideas from them. Some
> an MP wants to criticize a decision they say: "as they do in Europ
> the standard of living is higher there, so I guess government

> I'm exposed to European countries, and in Sweden and
> instance, the state funds up to four children. I also read that
> you pay a flat rate but they promise you sixty embryos. That
> they produce them in several aspirations, but they promise
> But most European countries pay up to four children. In the
> states do and others don't.

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

> men chose to compare the local services to those provided in
> Arab countries, and criticized the Arab states as being ungener-
> reproductive healthcare provision of all kinds, including to the

> untries, if a woman wants to have a child she *needs* money.
> od that it's free.

> our neighboring countries, then our service is good . . .
> don't give, I don't think they do . . . It depends where

> rab countries it's probably worse. If they don't look after their
> would they care for the babies? They really suffer in compari-

given the fraught nature of the Palestinian relationship to the
the politics of the provision of health care gains particular
the case of infertility. Palestinian men, living as a marginalized
in the country, nonetheless receive generous services to help
their infertility, a condition that afflicts a significant number of
ommunity. These men view themselves as entitled to state services,
civil participation as Israeli taxpayers,[4] and compare themselves
regard to Palestinian men in the Arab countries.

Conclusion

we have examined male infertility as a chronic condition and
ndition to the chronic dilemmas of Palestinian life in the twenty-
we have argued, male infertility is a significant cause of physical
ering, which is tied, in the Palestinian case, to the material and
olence that has afflicted this population over the past sixty years.
in Lebanon—the Middle Eastern state that has been least sym-
the Palestinian population in its midst—the experience of male
for the war, injury, exile, and stress that are common themes of
narratives.

vantage becomes more evident when compared to the repro-
care services that are provided to Palestinian citizens of Israel.
Palestinians, too, suffer from social marginalization and exclu-
en of important levels, they are nonetheless provided with excel-
bsidized infertility care, to which they feel entitled as taxpaying

citizens. Although some have suggested that Israel's attention is focused [illegible] on making sure that Palestinians do *not* reproduce (Kanaaneh 2002), our study suggests a more cautiously optimistic finding: Fertility treatment for the Palestinian population may, in fact, serve as a conciliatory element in the otherwise convoluted regional reality. Because of their entitlement to infertility care, Israeli Palestinian men generally had more positive feelings about overcoming their infertility, compared to the embittered, heart-wrenching, and frankly depressing accounts of the war-scarred, infertile Palestinian men in Lebanon. For the latter group, access to infertility services will likely never become a fundamental reproductive right.

Indeed, globalization and the concomitant spread of biomedicine have also brought along neoliberal values of reproductive "rights," "choice," and "freedom." Such values invest the individual (and the so-called couple) with responsibility for their health and illness, with every person expected to care for himself in the name of striving for a better quality of life. Within this perspective, a person with a chronic condition such as male infertility should actively seek treatment, or find other strategies to overcome his childlessness. Male infertility is thus no longer mere destiny; it also becomes a challenge and test of a man's capacity to fend for himself, his wife, his marriage, and the future of his family. For those men who fail in this regard, they may be blamed for not availing themselves of their choices in the reproductive marketplace (Spar 2006).

However, as argued elsewhere (Inhorn and Bharadwaj 2007), the notion of reproductive "choice," promulgated at the 1994 International Conference on Population and Development in Cairo and sustained to the present, has yet to materialize for many people around the world. The discourse is oriented toward women, is still focused on provision of birth control, and fails to account for the many ways—social, economic, and political—in which people lack true reproductive agency. For marginalized populations living as minorities, refugees, and exiles, including most infertile Palestinian men, reproductive choice and reproductive rights remain a utopian rhetoric.

In summary, male infertility is experienced by Palestinian men as a deeply troubling, chronic condition that affects their subjectivities as men and members of their communities. For reasons that are still poorly understood, Palestinian men are at high risk of male infertility, a condition that is typically diagnosed in relatively young men, but that is eventually experienced by many as a chronic, intractable condition. Male infertility can lead to years of repeated failure in the biomedical realm, given the generally incurable nature of this affliction. Male infertility, as a biological reality that is graded by its severity, also becomes a major biographical disruption and a chronic fact of life for men who attempt treatment modalities now available, including ICSI. Men live with the chronicity of male infertility on a daily basis, as they experience the disruption of the assumed coherence between one's body and reproductive life cycle. The consequences of male infertility are especially grave because the norm of childb[illegible]

universal and its fulfillment is a major underpinning of a man's social status. Thus, unlike infertile men in the Western world, who "are relatively free to keep their stigma secret" and "pass" as "voluntarily childless" (Greil 1991: 22), infertile Palestinian men are exposed to social scrutiny as they fail to impregnate their wives—given that proof of fertility is a crucial component of maturity, marriage, and manhood. As summed up in the words of one infertile man:

> The child, he completes the family, and no marriage is completed without the child. We must have children to be happy. No couple is happy without them.

NOTES

1. See Mor and colleagues (2006).
2. See Palestinian Central Bureau of Statistics, 2005 http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/abstract_e.pdf.
3. See http://www.hic-mena.org/documents/NISCVT-HIC%20CERD%2004.pdf.
4. The relatively high rates of tax evasion by Palestinian citizens of Israel are commonly attributed to a strong sense of alienation vis-à-vis the state (Brender 2005).

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