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The Feminist Ethnography of Untested Assumptions: Traveling with Assisted Reproductive Technologies Across the Muslim Middle East

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Introduction—A Feminist Reflection

In June 2018, feminist scholars from around the world converged on the University of Cambridge campus to participate in a historic conference on "Remaking Reproduction: The Global Politics of Reproductive Technologies."[1] The conference was convened by one of the leading feminist technoscience scholars of our times, Sarah Franklin, whose work has charted how in vitro fertilization (IVF)—introduced in England in 1978—has subsequently become the "platform" technology for numerous other assisted reproductive technology (ART) and stem cell interventions (Franklin 1997, 2007, 2013; Franklin and Roberts 2006). These ARTs have been "good to think with," generating a burgeoning scholarly

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literature and nearly twenty book-length ethnographies on the globalization of ARTs to numerous societies in and beyond Euro-America.[1]

Given the conference theme of reproductive technologies and global politics, a number of plenary speakers were asked to reflect upon the global trajectories of their own ART scholarship in Euro-America (Blell 2018; Thompson 2005) and in Asia (Bharadwaj 2016; Rudrappa 2015; Wahlberg 2018; Whittaker 2015, 2018). In each case, plenary speakers were asked to be "personal and reflective," harking back to their own early involvements in the field of ARTs, and how their ideas, approaches, methods, and theories might have changed over time. As feminist scholars, speakers were also encouraged to make normative and political claims about the future, new directions, and how reproduction might be "remade."

In a rather uncanny feminist turn of events, I was invited to be a "Remaking Reproduction" plenary speaker at the same time that I was invited by Sarah Fenstermaker and Abigail Stewart to contribute to this feminist volume on *Gender, Considered.* In both cases, I was encouraged to speak about my own career as a feminist anthropologist, and what I might have learned about gender over the years through my research on assisted reproduction. Indeed, in the course of my own career, "gender, considered" has been closely interwoven with "remaking reproduction." Thus, the themes of this volume and the Cambridge conference coincided quite neatly.

To be more specific, I have spent exactly thirty years (1988–2018) "traveling with the ARTs" across the Muslim Middle East. This began with two periods of research in Egypt, which eventually resulted in a trilogy of books about infertility, women's lives, and the introduction of IVF in that country (Inhorn 1994, 1996, 2003). This Egyptian fieldwork was followed by research in Lebanon on male infertility and ART use among Lebanese, Syrian, and Palestinian men (Inhorn 2012). Then I conducted a study on the global "reproflows" of infertile couples from fifty countries who were searching for ARTs in the global "reprohub" of Dubai, United Arab Emirates (Inhorn 2015). Most recently, I have turned my attention back to the United States, where I have written about the plight of infertile Arab refugee couples, whose access to IVF is limited by the high costs of treatment and their enduring poverty (Inhorn 2018).

Without a doubt, traveling with ARTs across the Arab world has opened my eyes to multiple axes of oppression, including, but not limited to, gender, race, class, ethnicity, religion, nation, sexuality, disability, age, appearance, and citizenship. In other words, many of the dimensions of oppression that have been foregrounded in feminist analyses of intersectionality (Collins 2008; Collins and Bilge 2016; Crenshaw and Gotanda 1996) have emerged in my own work.

As an anthropologist, my approach to ART research across the Middle East has also been sustained by my feminist ethnographic commitments. Ethnography is the sine qua non of anthropology; it is the epistemological and methodological approach that defines our field. To wit, ethnography usually entails months or years of immersive field research, involving daily participation in people's lives, interviews and conversations recorded in the local language over hundreds, even thousands of hours, and the writing of extensive fieldnotes, which are the basis of an anthropologist's later ethnographic data analysis. Feminist anthropologists generally share in this fieldwork approach, but because of their feminist interests, tend to focus their ethnographic research lens on gender, often in relationship to other axes of difference. As noted by Davis and Craven (2016) in their recent volume, *Feminist Ethnography: Thinking through Methodologies, Challenges, and Possibilities*, this approach leads to studies that integrate ethnographic methodology with gender theory and often activism. Feminist ethnographic approaches allow anthropologists to "consider" gender—per the mission of this volume—in "real life," with all of its indeterminacy, complexity, and future possibility.

As I will argue here, adopting a feminist ethnographic perspective is particularly important in parts of the world that are routinely condemned as persistently and perniciously patriarchal. Through the empirical commitment to understanding the quotidian life worlds of real men and real women, including in their everyday interactions (Bowen et al. 2014), ethnographic research conducted in purportedly patriarchal settings can help to provide empirical nuance to the study of gender relations, possibly deconstructing stereotypes about the nature of gender oppression. This is especially important in the Middle East, where many untested assumptions about gender literally haunt the region. These include vilifying, neo-Orientalist stereotypes about the brutality, misogyny, and

fanaticism of Middle Eastern Muslim men, who are often cast as Islamic terrorists in both the media and academic discourse (Inhorn and Wentzell 2011). Along with these tropes of violent patriarchy, women in the Middle East are often reduced to pathetic victims, who need saving from Middle Eastern men, including through Western military interventions (Abu-Lughod 2015). These gendered stereotypes of male misogyny and female oppression play out in multiple realms, including in the literature on reproductive health and population control. There, Middle Eastern men are assumed to be hypervirile, women hyperfertile, and both sexes prone to religiously governed reproductive fatalism (Inhorn 1996).

These stereotypes of Middle Eastern gender have haunted my own research over the past thirty years. I have been questioned repeatedly about why I would want to undertake research on infertility and ARTs in an area of the world presumed to be refractory to positive gender relations or technological sophistication. Yet, as I will argue here, the stereotypes that Westerners hold about the Middle East are usually unfounded. They are often based on untested assumptions that need to be challenged. And feminist ethnography, I argue, is key to unseating some of the most potent and fallacious gender misrepresentations. Engaging in feminist ethnography with hundreds of Middle Eastern women and men over the years, I have, in fact, been forced to reconsider some of my own feminist biases about gender and gender relations, as well as sometimes unsubstantiated claims put forward by other Middle Eastern feminist scholars.

In this chapter, I want to reprise—and respond to—the six most common questions that I have been asked about my research over the years. These questions, I believe, reflect some of the myths, misunderstandings, and unwarranted assumptions about gender in the Middle East, and the reproductive lives of both men and women there. In what follows, I hope to address these assumptions, as well as the lessons I have learned. Ultimately, I hope that these scholarly reflections on my "travels" with ARTs across the Middle East will spur others to engage in a similar feminist reanalysis, helping to remake negative discourses on reproduction and reconsider gender in ways that do justice to ethnographic realities.

Assumption I. Irrelevancy of Infertility

The questions that I have been asked about my scholarly travels in the Middle East began early on, in the second year of graduate school in the Department of Anthropology at the University of California-Berkeley, which I attended from 1984 to 1991. As a young medical anthropologist interested in stigma and suffering, I had conducted initial fieldwork in the Egyptian Delta region, where I had come to settle on the topic of female infertility as my future direction for dissertation research. Infertility, I realized, caused profound suffering for Egyptian women, who were seen as "missing motherhood" and thus typically embarked on tortuous "quests for conception" in search of a child (Inhorn 1994). Infertility, it seemed, was the perfect topic for a budding medical anthropologist and gender scholar. Indeed, I had just joined the newly formed Association for Middle East Women's Studies (AMEWS), hoping to contribute to this community of committed feminist scholars.[2]

However, when I told one of my professors that I intended to study the problem of infertility in Egypt, she literally scolded me with a question: "Of all the important problems in the Middle East, why would you go over *there* to study *that*?" In this esteemed Berkeley professor's opinion, infertility was an unworthy anthropological subject, something utterly trivial in the grand scheme of things. In her view, there were too many other pressing political issues in the Middle East that needed anthropological attention. For example, Lebanon was in the midst of its long civil war (1975–1990), Iran and Iraq were fighting one of the deadliest wars in modern history (1980–1988), and the first Palestinian Intifada was about to erupt (1987–1993). In short, in her view, Middle Eastern *realpolitik* took precedence over what I came to characterize as the "cultural politics" of gender and family life in Egypt (Inhorn 1996).

My professor was the first, but not the last, to assert the *irrelevancy of infertility* in Egypt. As I was to discover, I was to face a long line of skeptics—Euro-American lay people and academics who viewed my research topic as extremely obscure, even bizarre. The irrelevancy of infertility in a world of "important" problems has been a repeating refrain throughout

my scholarly career. Thus, it is a perspective that I have sought to challenge on at least four grounds.

First, in demographic terms, infertility is a highly prevalent global reproductive health condition (Ombelet et al. 2008a), estimated to affect as many as 186 million people worldwide, or approximately 9% of all couples of reproductive age (Boivin et al. 2007). However, in some regions of the world, the rates of infertility are much higher, reaching nearly 30% in some populations (Nachtigall 2006; Ombelet et al. 2008b). This is especially true in a number of regions of high infertility prevalence, including South Asia, sub-Saharan Africa, Central and Eastern Europe, and Central Asia (Mascarenhas et al. 2012). The Middle East and North Africa (MENA) region, too, is an infertility "hot spot," with prevalence rates reaching 20% in some areas (Tremayne and Akhondi 2016).

Second, infertility is the cause of profound human suffering. This suffering—or what Cui (2010), writing for the World Health Organization, has called the lived "agony of infertility"—is experienced most acutely by women, especially those living in areas of the world where large families are still the social norm (Boerma and Mgalla 2001; Gerrits et al. 2012; Inhorn and van Balen 2002; Ombelet and van Balen 2009).

I learned about this suffering in Egypt among the poor urban infertile women who were the subjects of my first study. Infertile women were usually scrutinized and blamed for the childlessness by their female in-laws, even in cases where husbands' fertility was in question. Furthermore, infertile women were often ostracized within their communities because of cultural notions of *hasad* or envy. To wit, it was believed that a childless woman would be unable to control her envy, thereby casting the "evil eye" on others' children, causing them to fall ill or even die. In such a climate of fear and suspicion, infertile women were often estranged from their neighbors and prevented from participating in daily social life. In other words, studying infertility in Egypt showed me how profoundly a woman's gender identity could be linked to her motherhood, with full adult personhood only achieved through the birth of a child. Remaining childless, including by choice, was never accepted. This Egyptian motherhood mandate meant that childless women were expected to "search for

children," the expression they used to describe their often fruitless quests for conception.

Third, through studying women's reproductive quests, I came to learn about "child desire" or why virtually all Egyptian adults told me that they wanted and needed children (Inhorn 1996). The *need* for children revolved around a number of important social issues, including desires for acceptable gender identity and social normalcy, power within the extended family, old age security, lineage perpetuity, and desires for immortality. But even more clearly, Egyptians explained how they *wanted* children in order to experience the joy, love, and rewards that children were thought to bring to marriage and family life. Understanding the intensity of this child desire was a profoundly important lesson for me—an American woman in my early 30s yet to have children. It made me realize why infertility could come as a crushing blow, one that was dreaded by Egyptian women and their husbands.

Finally, coming to understand the desire for children and the accompanying dread of infertility proved to be a powerful "repro-lens" into many other important areas of culture and social life. For example, I learned a great deal about Egyptian kinship systems and family life, marital arrangements and conjugal expectations, the links between religion, healing, and medicine, as well as state and Islamic attitudes toward fertility and its control. In short, in Egypt, the powerful lesson that I learned was about the *relevance of infertility* to almost every facet of social life.

By the end of the 1980s, having conducted more than a year of feminist ethnographic research with nearly 200 Egyptian women, I had "living proof" that my professor was clearly wrong. This proof was demonstrated in two books that emerged from my dissertation, namely *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions* (Inhorn 1994) and *Infertility and Patriarchy: The Cultural Politics of Gender and Family Life in Egypt* (Inhorn 1996). As the first anthropologist to study and write about infertility outside of Euro-America, these feminist ethnographies of infertility in Egypt opened up a new avenue of scholarship on infertility outside the Western world. This fact was noted—and celebrated—thirty years on at the Cambridge conference on the global politics of reproduction.

Assumption II. A Solution to Overpopulation

Having begun my ethnographic research in Egypt, I have also been asked repeatedly over the years about why I would study infertility in an "overpopulated" country. This question has sometimes been followed by: "Don't they *need* more infertility there?"[3] Again, there are a number of untested assumptions underlying these queries: First, that Egypt is intractably overpopulated; second, that high rates of infertility could help to solve this overpopulation problem; and third, that infertility should be left untreated, because this could help to bring down otherwise high fertility levels.

But what are the problems with this line of thinking? The first has to do with the very notion of "overpopulation" in Egypt and other Middle Eastern nations. These concerns over Middle Eastern fertility date back to the post-World War II period, when a growing rhetoric of "overpopulation" in the "underdeveloped" world led Western population analysts to recommend government interventions into fertility (Ali 2002; Bier 2008). It was argued that, with the implementation of national family planning programs, governments in the "Third World" could effectively curb their high rates of population growth, thereby mitigating "resource shortages, economic catastrophe, and social and political instability" (Bier 2008, 59). In the Middle Eastern region, the initial focus was on Egypt—a purportedly "overpopulated" country with a projected population doubling rate that was deemed alarming. In particular, Egypt was said to suffer from a problem of "geography versus demography"—namely, a rapidly expanding population that would eventually outstrip its arable, habitable land mass along the Nile (Mitchell 1991). Although prima facie evidence of this Egyptian "population explosion" was questionable (Mitchell 2002), the Egyptian government was nonetheless inclined to accept Western advice and United Nations support for a state-sponsored population control program, thereby becoming the first Middle Eastern Muslim country to do so (Stycos and Sayed 1988).

By the time I arrived in Egypt in 1988—more than a quarter century after the first contraceptives were introduced into that country—Egyptians had basically accepted the family planning mantra. For

example, the women in my study, all of whom hailed from poor urban and rural backgrounds, were adamant that the two-child *usra* (i.e., nuclear family) was the Egyptian ideal, especially given the harsh economic climate in the country. Fertile women were using contraceptives (and sometimes illicit abortions) to achieve this two-child goal, while infertile women were turning to a variety of ethnomedical and biomedical treatments in hopes of conceiving their two offspring.

Given this cultural acceptance of family planning on the part of ordinary people, Egypt was able to achieve a significant fertility decline—solving its "overpopulation" problem, if it ever had one (see Mitchell 1991, 2002 on this question), on its own. In Egypt, total fertility rates (TFRs), or the number of children an Egyptian woman could be expected to bear, dropped from 5.5% in 1985 to 2.79% by 2015. Fertility declines in other Middle Eastern countries followed suit—often quite dramatically. For example, between 1988 and 2015, TFRs dropped from 7.18% to 2.65% in Algeria; 8.1% to 2.54% in Oman; and 7.32% to 2.84% in Syria (United Nations 2018). Quite impressively, seven Arab countries were included in the world's top fifteen fertility declines during the sixty-year period from 1950 to 2010 (United Nations 2012).

In short, the Middle East has experienced one of the most dramatic fertility declines in world history, one that has occurred without major economic development or strong family planning programs in most countries. Through changing reproductive norms and contraceptive practices, Middle Eastern couples themselves have brought down the region's fertility levels from among the highest to among the lowest in the world. According to demographers, this Middle Eastern fertility decline is most accurately described as a "quiet revolution … hiding in plain sight" (Eberstadt and Shah 2012, 43–44).

Yet, Western observers—of the kind who have constantly asked me about the overpopulation problem in Egypt—generally know nothing about this fertility decline and would likely consider it counterintuitive. The Muslim Middle East is still portrayed in popular media, academic, and policy circles as a region of recalcitrant high fertility—fertility levels that are deemed attributable to men's patriarchal control over women's bodies (Ali 2002), as well as religiously fueled pronatalism (Inhorn 1996). As other anthropologists and I have argued, however, this portrayal is

both outdated and inaccurate (Ali 2002; Inhorn 2012; Kanaaneh 2002; Myntti et al. 2000). Not only are Middle Eastern men supporting their wives in reproductive decision-making (to be discussed later in this chapter), but attitudinal change—or the desire for fewer children on the part of *both* Middle Eastern men and women—has led to what anthropologists have called "the new Arab family" (Hopkins 2004), a small family of two or three children, which, as the demographic data make clear, is now the regional norm.

In other words, Egyptians and other Middle Eastern populations have quite successfully "managed" their own fertility and do not need infertility to "solve" their population problems. The very idea that infertility should be encouraged in high-fertility regimes as a form of biologically determined birth control is both cruel and inane. These kinds of arguments—which, unfortunately, still circulate in the twenty-first century—certainly reflect a tacit neocolonial, eugenic view that infertile people in non-Western societies are unworthy of help. Overcoming their infertility problems, including through provision of ART services, would seem to contradict Western interests in population control. Thus, few if any international agencies have devoted effort to the development of infertility treatment services (Inhorn and Patrizio 2015).

However, infertile people in fertile places *do* need ART assistance. As numerous anthropologists have shown, infertile people suffer the most in high-fertility societies, especially in parts of sub-Saharan Africa, where large families are still the social norm, including in many sub-Saharan Muslim communities (Boerma and Mgalla 2001; Gerrits et al. 2012; Ombelet and van Balen 2009). As noted in one review, "Women who are unable to bear children are rejected by their husbands and ostracized by society, often living as outcasts and perceived as inferior and useless" (Lunenfeld and van Steirteghem 2004, 321). That high rates of infertility coexist with high rates of fertility—thereby causing profound suffering for infertile women—is a demographic paradox known as "barrenness amid plenty" (Inhorn and van Balen 2002; Nachtigall 2006). Studying infertile women's fates in high-fertility regimes would thus seem to be vitally important.

In my own work in the Middle East, I have emphasized this "fertility-infertility dialectic" (Inhorn 1994). Namely, fertility and infertility

co-exist in a dialectical relationship of contrast, such that understanding one leads to a much greater understanding of the other. Studying infertility can shed light on numerous dimensions of fertility, including, among other things, ideas about conception and how it can be prevented both intentionally and unintentionally; understanding of, attitudes toward, and practices of contraception; beliefs about the importance of motherhood, fatherhood, and children themselves; and perceptions of risk and risk-taking regarding the reproductive body.

In today's world, focusing on infertility also reveals a great deal about the ARTs, including whether IVF and related technologies are easily accessible and, if so, whether they are culturally accepted. In the twenty-first century, discussions of infertility and ARTs go hand in hand, given that these technologies have made their way to many societies around the globe. Just as contraceptive technologies have brought massive declines in the world's fertility (United Nations 2018), ARTs, too, have led to significant declines in the world's infertility, an accomplishment that is profound, but has yet to be fully studied and recorded.[4] Indeed, in the Middle East, the exponential decline in fertility levels due to a rise in contraceptive usage by the mid-1980s overlapped with the regional emergence of ARTs. Although these two "quiet" reproductive revolutions are not clearly linked in any direct causal fashion (Inhorn 2021), they nonetheless indicate the importance of reproductive technological interventions and the shifting reproductive desires of ordinary Middle Eastern people as they work to create their desired families.

Assumption III. Absence of IVF

IVF is now forty years old, and its globalization to the Middle East occurred early on, within the first decade of its invention in England. Yet, forty years later, I am still asked the question: "Do they even *have* IVF in the Middle East?" This question reflects several underlying assumptions: First, that IVF is a Western technology that has not made its way beyond Euro-America; second, that the Middle East would be an unlikely region of IVF reception; and third, that the standard of medicine must be very

low in the Middle East, which is rarely represented as a region of technological modernity.

Yet, as I was to discover in my initial research in Egypt, Western biomedicine has had a long and storied history in the region, partly because of British and French colonial influence and medical education (Dewachi 2017). Egypt's own biomedical system was aided and abetted by the British. By the time I arrived in the country in 1988, Egyptian biomedicine was extremely well entrenched in the country and was flourishing on its own. Only two years earlier, in 1986, Egypt was the first Middle Eastern country to open an IVF clinic, followed that same year by Saudi Arabia and Jordan. When I arrived in Egypt, the government-funded public maternity hospital in which I worked had plans to open its own IVF unit. Women in my study thus were very excited and hopeful about becoming mothers of a *tifl l-anabib* or a "baby of the tubes" (Inhorn 1994). Shortly after I departed, the first test-tube baby was, indeed, born in that public maternity hospital, signaling Egypt's state commitment to overcoming infertility among the poor.

By the 1990s, IVF in Egypt experienced a boom period, with more than 50 IVF clinics opening up in Cairo, Alexandria, and the other major cities (Inhorn 2003; Inhorn and Patrizio 2015). Other Middle Eastern countries soon followed suit. By the mid-2000s, the Middle East could boast one of the largest and most successful IVF industries in the world. To be exact, among the 48 countries performing the most ART cycles per million inhabitants, eight Middle Eastern Muslim countries could be counted, including Lebanon (6th), Jordan (8th), Tunisia (25th), Bahrain (28th), Saudi Arabia (31st), Egypt (32nd), Libya (34th), and the UAE (35th) (Adamson 2009).

Yet, for infertile patients in the Middle East, access to IVF has always remained uneven. For example, as I learned in my study of IVF in Egypt—published in my book *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt* (Inhorn 2003)— elites were much more likely to afford IVF than middle-class Egyptians or the poor. Although the poor often yearned for IVF, they were left adrift unless they happened to receive an IVF cycle as a form of *zakat*, or Islamic charity. IVF in Egypt thus provided a powerful example of "stratified reproduction"—the notion that the reproduction of some (e.g., educated Egyptian

elites) is valued above the reproduction of others (e.g., the Egyptian poor, who suffer the most infertility but have the least access to treatment). The concept of "stratified reproduction"—coined by anthropologist Shellee Colen (1995) in Faye Ginsburg and Rayna Rapp's (1995) seminal volume, *Conceiving the New World Order: The Global Politics of Reproduction*—is still one of the most important concepts in feminist anthropology. *Local Babies, Global Science* explored these reproductive stratifications in great detail, based on the experiences of sixty-six Egyptian IVF patients and their husbands. Each chapter of that volume was dedicated to a powerful "arena of constraint," or a major obstacle impeding access to IVF and thus to dreams of test-tube babies.

Having said that, as I have continued to "travel with" IVF and other ARTs across the Middle East, I have continued to see small glimmers of hope in terms of ART access. Most importantly, there have been government efforts in some parts of the region to subsidize IVF through public clinics and health insurance schemes, thereby making ARTs more accessible for all. Algeria, Egypt, Iran, Turkey, and the UAE all now offer some form of public financing, either through insurance reimbursement (Algeria and Turkey), or government-sponsored IVF clinics for the poor (Egypt, Iran) (Inhorn 2015).

Turkey stands out in this regard (Gürtin 2013). In 2005, Turkey began fully funding two IVF cycles for all Turkish citizens, when the Turkish Ministry of Health began to provide IVF health insurance redeemable at both state and private clinics. Since then, the demand for IVF in Turkey has dramatically increased, causing a doubling in the number of IVF clinics in the country—from 66 in 2005 to more than 110 in 2013, the largest number in any single Middle Eastern country. As shown by medical sociologist Zeynep Gürtin (2013, 2014, 2016), the ability of Turkish couples of all social classes and backgrounds to access IVF has had dramatic and positive effects on demand for ART services, especially among poorer segments of the Turkish population. The Turkish example provides compelling evidence that low-income infertile couples benefit tremendously when ART services are provided for free or at very low cost. In the Middle East at least, Turkey has made an exceptional national commitment to overcome its unmet need for ART, providing affordable IVF for all.

Nevertheless, relatively few countries in the Middle East, or in other regions of the world, have followed the Turkish lead. This is why an alternative social movement, called low-cost IVF (LCIVF), is slowly gaining momentum (Inhorn and Patrizio 2015). LCIVF represents a new millennial activist attempt to respond to the Universal Declaration of Human Rights mandate (Article 16:1), which states that "Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and found a family" (United Nations 1948). LCIVF is thus a reproductive justice movement, driven by the goal of helping the world's infertile, most of whom are located in resource-poor settings (Hammarberg and Kirkman 2013; Ombelet et al. 2008a, b). This reproductive justice movement has special relevance in sub-Saharan Africa, the region of the world with the fewest IVF clinics overall, but with some of the highest infertility rates in the world (Mascarenhas et al. 2012).

In my view, feminist scholars need to study these new forms of ART activism, which represent millennial efforts to "de-stratify" reproduction. Nearly twenty-five years on, stratified reproduction is still very much at play in the world of infertility and ARTs, especially in terms of who achieves access to IVF and who does not. But stratified reproduction is diminishing, too, as attempts to achieve reproductive justice continue to be forged in the Middle East, sub-Saharan Africa, and beyond.

Assumption IV. Islamic Opposition

The widespread assumption that IVF could not possibly be practiced in the purportedly "low-tech" Middle East is aligned with another widespread belief—namely, that Islam could not possibly support the use of these technologies. I am often asked the question: "Doesn't Islam oppose IVF?" This simple query bespeaks three underlying assumptions: First, that Islam is inherently oppositional to (a) medicine, (b) technology, (c) reproductive technology, and (d) test-tube baby-making in particular; second, that Muslims themselves are loathe to using IVF and other ARTs in the conception of Muslim babies; and third, that Islam somehow dictates the practices of medicine, reproduction, and Muslim social life more generally. There is a widespread assumption, especially in the West, that

Islam is backward, fatalistic, and anti-scientific—a religion that fails to accept all things contemporary or modern (Clarke and Inhorn 2011).

This view of Islam as anti-scientific could not be more inaccurate. Far from it, Islam is a religion that can be said to encourage science and technology, including medical developments to overcome human suffering. Islam has been characterized as "technoscientifically agentive," if technoscience is defined broadly as the interconnectedness between science and technology. As noted by Mazyar Lotfalian (2004) in his book on *Islam, Technoscientific Identities, and the Culture of Curiosity*, Islamic support for the sciences and medicine dates back to at least the medieval period and continues today on both the clerical and institutional levels.

This Islamic support of science is manifest in the now rich scholarship on Islam and ARTs, particularly that produced by anthropologists working in Egypt (Inhorn 2003), Iran (Tremayne 2006; Tremayne and Akhondi 2016), Lebanon (Clarke 2009; Inhorn 2012), and Turkey (Gürtin 2011, 2016). These anthropologists have demonstrated how the continuous emergence of new ARTs has led to a concomitant emergence of mostly supportive Islamic bioethical discourses and religious decrees (*fatwa*s) on how these technologies should be used appropriately by Muslim physicians and their patients.

Islamic support for ARTs began with Egypt's early entrance into assisted reproduction (Inhorn 2003; Serour 2008). The Grand Shaykh of Egypt's renowned religious university, Al Azhar, issued the first widely authoritative *fatwa* on assisted reproduction on March 23, 1980—only two years after the birth of the first IVF baby in England, but a full six years before the opening of Egypt's first IVF center. Nearly forty years later, this original Al-Azhar *fatwa* has proved to be quite authoritative and enduring across the Sunni Muslim world (i.e., about 90% of the world's Muslims). It has been reissued many times in Egypt, and subsequently reaffirmed by *fatwa*-granting authorities in other parts of the Sunni Muslim world, from Morocco to Saudi Arabia to Malaysia.

In general terms, Islamic religious authorities have been very permissive in authorizing the use of ARTs among Muslim IVF physicians and their patients. Their *fatwas* on ARTs have allowed intrauterine insemination (IUI); in vitro fertilization (IVF); intracytoplasmic sperm injection (ICSI, a variant of IVF used for male infertility); cryopreservation

(freezing of sperm, eggs, and embryos); preimplantation genetic diagnosis (PGD, for couples at high risk of genetic disorders in their offspring, as well as for sex-based "family balancing"); embryo research; and, most recently, IVF via uterine transplantation, with Saudi Arabia being the first country in the world to attempt this form of organ transplantation (Inhorn 2015). However, Sunni religious authorities do not condone every ART, and especially not the use of third-party reproductive assistance. Thus, in IVF clinics in Sunni-majority countries, sperm donation, egg donation, embryo donation, and surrogacy are never practiced. The Sunni Islamic prohibition on third-party reproductive assistance has firmly held sway across the Sunni Islamic world since 1980, translating into a clinical ban on third parties in almost every Muslim country.[5]

Having said this, the leading Shia Muslim clerics have taken a step in a different direction. Shia is the minority branch of Islam (about 10% of the world's Muslims), with its demographic epicenter in Iran. There, as early as the 1990s, some Shia clerics began questioning the ban on third-party reproductive assistance, particularly regarding egg donation, which, they argued, could help infertile women overcome their childlessness (Tremayne and Akhondi 2016). By the end of the 1990s, the Supreme Leader of the Islamic Republic of Iran, Ayatollah Ali al-Husseini al-Khamene'i, the hand-picked successor to Iran's Ayatollah Khomeini, had issued an authoritative *fatwa* effectively permitting *both* egg and sperm donation to be used (Clarke 2007). Ayatollah Khamene'i 's "liberal" *fatwa* justified these donor technologies as a "marriage savior," preventing the "marital and psychological disputes" that might otherwise arise from remaining childless indefinitely.

Ultimately, these pro-donation Shia *fatwas* have led to a veritable "Iranian ART revolution" (Abbasi-Shavazi et al. 2008). Since the new millennium, all forms of sperm donation, egg donation, embryo donation, and gestational surrogacy are taking place in Iran. Iran is also leading the way into a Middle Eastern stem cell industry (Saniei 2012). This "millennial moment" in Iran has also had a major impact in Shia-dominant Lebanon (Inhorn 2012). By 2003, one of the major Shia-serving IVF clinics in Beirut had developed a full-fledged egg donation program, and had begun to cater to so-called "reproductive tourists" coming from other parts of the Sunni Muslim Middle East. Soon, other

IVF clinics in Lebanon began providing egg donation services, as market demand increased among both Shia and Sunni Muslims, as well as Middle Eastern Christian couples.

In fact, it is fair to state that this development of third-party reproductive assistance programs in both Iran and Lebanon has weakened the regional Sunni Muslim ban on donor technologies. And of particular interest from a gender perspective, fertile husbands sympathetic to their wives' infertility problems are often active participants in obtaining egg donation, sometimes traveling from Sunni-dominant countries such as Egypt to Shia-dominant countries such as Lebanon in order to undertake egg donation within the remit of Shia permissibility and religious morality (Inhorn 2012, 2015).

In short, both branches of Islam, and especially Shia Islam, have been comparatively permissive, even "progressive," toward the uses of ARTs, thereby defying Western stereotypes in this regard. Male Islamic clerics have, in fact, been positive change agents, sometimes using feminist arguments and calls for compassion toward the infertile in their *fatwa*s to support their pro-technology and pro-donation stances. Furthermore, Islamic clerics often work closely with medical scientists and physicians to inform themselves about clinical issues before they make their religious rulings.

In our edited collection on *Islam and Assisted Reproductive Technologies: Sunni and Shia Perspectives* (Inhorn and Tremayne 2012), we document these various Islamic standpoints and how they have allowed infertile Muslim couples to utilize ARTs within their "local moral worlds" (Kleinman 1992). In fact, in that volume, we demonstrate that the Islamic authorities have embraced IVF and other ARTs in a way that the Vatican has not. It is Catholicism, not Islam, that continues to reject all forms of reproductive technology—from contraceptives to IVF—thereby militating against both women's and men's reproductive health and well-being (Inhorn et al. 2010). The lesson learned: We need to take religion seriously in our studies of reproduction and reproductive technologies. Simplistic binaries and untested assumptions about Islam versus Christianity, ayatollahs versus priests, Muslims versus Christians, and the "East" versus the "West" need to be questioned and rethought in a world in which Islam is too easily portrayed as rigid and monolithic.

Assumption V. Muslim Men's Response

Just as I have been questioned repeatedly about Islamic opposition to ARTs, I have been questioned even more often about Muslim men. One of four questions is usually asked: First, "How were *you* able to talk to Muslim men?"; second, "Don't Muslim men refuse to talk about those kinds of issues (i.e., infertility and ARTs)?"; third, "Don't Muslim men refuse to use reproductive technologies?"; and fourth, "Don't Muslim men just divorce their infertile wives?"

These questions reveal several underlying assumptions: First, that Muslim men won't talk about their sexual and reproductive health problems with a woman, and especially not a non-Muslim, American one; second, that infertility is a sensitive issue for Muslim men, who will therefore refuse to enter into these conversations; third, that Muslim men are unwilling to acknowledge their own male infertility or to consider ARTs to overcome it; and fourth, that Muslim men simply divorce their wives, rather than staying the course and seeking treatment.

As suggested in the introduction to this chapter, these assumptions underlie an overwhelmingly negative portrayal of Middle Eastern Muslim men as brutal patriarchs and oppressors (Inhorn and Naguib 2018). It is true that patriarchy is alive and well in the Middle East—as it is in virtually all other societies, including in the US, where the "Me Too" movement has underscored this negative reality. Middle East feminist scholars have carefully interrogated what patriarchy means, theoretically and empirically in the Middle East, where it has been defined as both gendered and aged domination (Badran 1986; Charrad 2001; Joseph 1993, 1994; Kandiyoti 1994; Moghadam 2003, 2004; Joseph and Slyomovics 2000). Patriarchy manifests itself in Middle Eastern family life when senior men (i.e., fathers, uncles, older brothers) exert their dominance and authority over women (i.e., wives, sisters, nieces, daughters) as well as junior males (i.e., sons, nephews, cousins). Furthermore, in the Middle East, women are said to "buy into" patriarchy in order to survive within such male-dominated settings. This turns women themselves into fundamental oppressors, who employ patriarchal thinking and strategies in

order to dominate weaker women, particularly powerless daughters-in-law (Kandiyoti 1994).

In my book *Infertility and Patriarchy* (Inhorn 1996), I attempted to show how these patriarchal relations emerging within Middle Eastern family life are tied to larger ideologies of male superiority, as well as many institutional structures in Egypt and beyond:

> Patriarchy is characterized by relations of power and authority of males over females, which are (1) learned through gender socialization within the family, where males wield power through the socially defined institution of fatherhood; (2) manifested in both inter- and intragender interactions within the family and in other interpersonal milieus; (3) legitimized through deeply engrained, pervasive ideologies of inherent male superiority; and (4) institutionalized on many societal levels (legal, political, economic, educational, religious, and so on). (Inhorn 1996, 3–4)

Twenty years on, these patriarchal dimensions of Middle Eastern social life have been highlighted—but also questioned—in a study undertaken in 2016 by a non-governmental gender advocacy organization called Promundo, in conjunction with UN Women and a variety of international funding agencies. The study was called the "International Men and Gender Equality Study in the Middle East and North Africa" (IMAGES MENA, or IMAGES for short; https://imagesmena.org) and was published in a summary volume entitled *Understanding Masculinities* (El Feki et al. 2017).

Relying on local teams in four MENA countries—Egypt, Lebanon, Morocco, and Palestine—the study employed both quantitative and qualitative research methods undertaken with nearly 10,000 Arab citizens, mostly men between the ages of 18 and 59. According to the IMAGES survey, "traditional" attitudes about gender equality still prevail in the Arab world, including among younger-generation men. However, the study also emphasized that a "sizeable minority" of Arab men—from the most elite to the most impoverished—show support for gender equality and women's empowerment. Arab men are described as "cracking the armor" of patriarchy and encouraging "an equal playing field" for men

and women. Moreover, qualitative interviews undertaken with Arab men in all four countries yielded many "stories of tenderness, of deep caring and caregiving" (El Feki et al. 2017, 20). As the IMAGES authors conclude, "While it is fashionable to talk about a 'crisis of masculinity,' in reality, men and women are at a crossroads as they try to find their way in a shifting world" (El Feki et al. 2017, 263). The goal of the IMAGES report, then, is to "cut through the stereotypes and prejudices that too often obscure the complexity of dynamic gender identities and relations in the region" (El Feki et al. 2017, 14).

My own ethnographic work conducted over many years has taught me to question these stereotypes of recalcitrant patriarchy, and to search for the ways, if any, in which patriarchy might be diminishing through the efforts of men themselves. In this regard, my own work has been strongly influenced by Middle East gender scholar Suad Joseph (1993, 1994, 2004), who has forwarded a "both/and" concept called "patriarchal connectivity." In Joseph's analysis, patriarchy operates through *both* male domination *and* loving commitments. In an attempt to index the ongoing strength of family bonds in the Middle East, Joseph argues persuasively that love and emotional commitment exists *within* patriarchal power structures. In her ethnographic research from Lebanon, Joseph shows how men are socialized to be deeply enmeshed in family structures. Fathers love and care for their children, sons show lifelong commitment to their mothers and sisters, and men love, protect, and marry their female cousins, even if these males are also expected to demonstrate relations of dominance over the women in their lives. According to Joseph, socialization within Arab families places a premium on "connectivity," or the intensive bonding of individuals through love, involvement, and emotional enmeshment. As Joseph emphasizes, Arab patriarchy seated in these conditions of love, nurturance, and commitment may be more difficult to unseat than patriarchy in which love and nurturance are less supported. In short, patriarchy and connectivity operate in tandem.

Taking my cue from Joseph, I ventured into Egypt with notions of both patriarchy and connectivity on my ethnographic radar. Not knowing at all what I would find there, I listened carefully to nearly 200 Egyptian women, who told me about their lives, their relationships, and how they felt about their husbands and their marriages more generally. I

learned that for the most part, poor urban Egyptian women loved their husbands intensely, with their husbands demonstrating their loving commitments in return. Infertile Egyptian women in particular reported close marital (and sexual) relationships, with many women counting themselves "lucky" to have found an exceptionally sympathetic and "understanding" man to marry.

Ultimately, my main ethnographic finding about marriage in Egypt was that most Egyptian men were behaving supportively in their conjugal relationships. Inspired by Joseph's notion of patriarchal connectivity, I called this phenomenon "conjugal connectivity"—signaling men's and women's enduring marital commitments, even within long-term childless marriages (Inhorn 1996). Instead of demonstrating "toxic" forms of masculinity—of the kind assumed to be predominate in the Middle Eastern region—the husbands of the Egyptian women in my study seemed to manifest high levels of masculine compassion and concern, for which their infertile wives were extremely grateful and quite generous in their praise. Although patriarchy manifested itself in various ways in poor urban Egyptian women's lives, marriage itself was often a loving shelter, where male patriarchy manifested itself as conjugal protection—including from men's own family members, who were likely to encourage divorce and remarriage.

This demonstration of conjugal connectivity within a patriarchal social milieu has been one of my most important ethnographic findings. It has compelled me to include men in my studies, as men have been strikingly absent in both Middle East feminist scholarship and in studies of reproduction more generally. Since those early days in Egypt, I have continued to follow the trajectory of Middle Eastern men as they have entered the world of infertility and assisted reproduction on their own. This began in the mid-1990s, with the introduction of ICSI in Egypt—a variant of IVF developed in Belgium to overcome male infertility problems. With the advent of ICSI, long-term male infertility patients began flooding into the new Egyptian IVF centers, hoping to access what they called the "spermatic injection."

As the only ethnographer present on the scene, I learned how much infertile men *wanted* and *needed* to talk. Sitting with infertile men and their wives in the back rooms and recovery suites of Cairo's nascent IVF

clinics, I engaged in "marital ethnography" (Inhorn 2003, 2012), working with couples together in their dynamic interactions. Such marital ethnography was (and is) highly unusual. This is because much of our reproductive research occurs in "separate spheres," with women studying women, and men studying men—although, quite frankly, there are too few male scholars in this field. In Egypt, there were three important lessons to be learned: First, that we need to break open these gender silos; second, that we need to understand how women and men interact together reproductively; and third, that we need to work directly with men to understand their reproductive problems and concerns (Inhorn et al. 2009).

Energized by my first exposure to men's points of view, I tried to convince a male graduate student to take on male infertility as a doctoral project in Egypt. (He politely declined.) I talked to an Arab male colleague, asking him what I should do. He told me: "You should study this, Marcia!" He argued that Arab men might be more comfortable speaking to a knowledgeable foreign female researcher, as Arab men might be reluctant to open up about their infertility problems to another male. I applied my colleague's logic to my various grant applications, and, lo and behold, I received two grants to carry out my research on male infertility in Lebanon. (My switch from Egypt to Lebanon was not of my own choosing. Rather, the Egyptian *mukhabarrat*, or secret police, refused to grant me research permission for any project having to do with men, masculinity, or infertility. Clearly, I was a security threat!).

In Lebanon, I worked with more than 200 Lebanese, Palestinian, and Syrian men—including 120 of whom were infertile. Together, these Middle Eastern men taught me many important lessons. First and most basically, Middle Eastern men *are* willing to talk about their reproduction and sexuality, if only they are asked. Second, a woman *can* talk to a man about reproduction, and probably vice versa. Third, we have done a massive disservice *to* men and to our scholarship by failing to include them in both our feminist ethnographic and reproductive analyses. This must truly change. We have literally ignored half of the world's reproducers. These "missing men" must be brought back into our scholarly imagination.

In my own ethnography in Lebanon, I learned a great deal about male infertility and men's willingness to engage with ARTs on a number of

levels. First of all, the now widespread availability and advertisement of ICSI has led to a "coming out" of male infertility across the region. Today, Middle Eastern men are increasingly open about their fertility problems: They tell their families, share information with friends and colleagues, and swap clinical recommendations with others needing help. In acknowledging their own infertility problems and seeking treatment, they have helped to lighten the heavy load once carried by their wives: the scrutiny from in-laws, the social ostracism, the threats of divorce or polygynous remarriage.

The introduction of high-tech male infertility treatment and Middle Eastern men's eager embrace of this technology have had positive effects on gender relations across the region (Inhorn and Patrizio 2015). ARTs themselves have been a "gender intervention," as Middle Eastern couples commit themselves to overcoming their infertility problems through treatment. Furthermore, the Middle East provides an interesting case study of the power of medicalization—or the recasting of infertility from a problem of gender (i.e., diminished manhood and womanhood) to a problem of medicine, to be treated "just like any other condition" (Inhorn 2017). For men, the introduction of ICSI as an effective medical solution for male infertility certainly helped in this transition. But perhaps the most powerful role was played by men themselves, who, in speaking up about their male infertility problems to friends and family, brought this condition out of the shadows of secrecy and shame.

My book *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East* (Inhorn 2012) is the result of this Lebanese study. In it, I forward the concept of "emergent masculinities" to capture all that is new and transformative in Middle Eastern Muslim men's lives. Emergent masculinities—intentionally plural—embrace historical changes and new forms of masculine practice. Emergent masculinities are manifest in individual changes over the male life course, changes in men's lives across generations, and social changes involving men in transformative processes (e.g., male labor migration, new forms of political protest, the harnessing of social media).

In addition, emergent masculinities highlight new forms of masculine agency which accompany these social trends. These include, for example, men's desire to enter sexual partnerships before marriage, men's

acceptance of condoms as a form of male birth control, men's desires to live in nuclear family residences with their wives and children, and men's encouragement of daughters' education and professional aspirations. All of these masculine practices are emerging in the Middle East, but are too rarely noticed by scholars or media pundits. Analyzed as emergent and transformative (Inhorn and Wentzell 2011), this understanding of Middle Eastern masculinities foregrounds the changing desires, emotional worlds, and subjectivities of Middle Eastern men within larger social and kinship structures.

This notion of emergent masculinities in *The New Arab Man* has resonated strongly with a younger generation of Middle East anthropologists, who are producing rich ethnographic research on men's lives, particularly in the four countries included in the IMAGES study (Egypt, Lebanon, Palestine, and Morocco). Their work has recently been featured in a special issue of the journal *Men and Masculinities* on "Arab Masculinities: Anthropological Reconceptions" (Inhorn and Isidoros 2018), as well as in our new edited volume on *Reconceiving Muslim Men: Love and Marriage, Family and Care in Precarious Times* (Inhorn and Naguib 2018).[6] Given the ongoing vilification of Muslim men in the media, popular culture, and scholarship, these young anthropologists' ethnographic efforts to foreground Muslim men's humanity over brutality—and to reconsider men's positive contributions to gender relations overall—seem vital. As my own work shows, it is time to consider the "new Arab man," and the ways in which he, too, might be remaking Middle Eastern gender and reproduction in propitious and progressive ways.

Assumption VI. Feminist Critique

A final question that has been posed to me over the years is not about the Middle East, but rather about feminist views regarding the ARTs. Ever since the emergence of IVF in the late 1970s, feminist scholars have debated the merits of this technology (Arditti et al. 1984; Corea 1985; Harwood 2007; Pfeffer 1993; Raymond 1993; Rowland 1992; Spallone 1989; Spallone and Steinberg 1987; Stanworth 1987; Throsby 2004), posing such difficult questions as "Is IVF a feminist technology or a

source of oppression?" "Does IVF give women reproductive 'choice,' or does it perpetuate the motherhood mandate?" "Does the harm of IVF to women's bodies outweigh the benefits?" "How can IVF be justified when it fails much more than it succeeds?" "Shouldn't adoption and alternative forms of family-making be encouraged over the ART-assisted births of biogenetically related children?" "Don't the ARTs promote white privilege, given their inaccessibility to poor and minority populations?" (Roberts 1997). In many feminist assessments, the answers to these questions are resoundingly negative.

After thirty years as a feminist ethnographer, my immediate response would be: "Well, IVF *has* changed the infertile world for the better." Louis Brown, the first IVF baby, was born 40 years ago as a result of research efforts at the University of Cambridge. For Louise Brown's infertile mother, Lesley, IVF was a "hope technology," the term coined by Sarah Franklin (1997) in her path-breaking ethnography *Embodied Progress: A Cultural Account of Assisted Conception*, which documented the experiences of the first generation of IVF users in England. Since then, IVF has brought hope to millions of infertile couples, as well as millions of single people and gay couples who dream of becoming biological parents (Luce 2010; Mamo 2007). As Franklin (2013) has powerfully argued in her more recent book *Biological Relatives: IVF, Stem Cells, and the Future of Kinship*, IVF has also been the "platform" technology for so many others—from ICSI to mitochondrial DNA transfer to oocyte cryopreservation to human embryonic stem cells to reproductive cloning. These technologies have remedied disease and overcome once intractable reproductive barriers.

But for the infertile themselves, IVF has brought the greatest promise. Today, IVF has led to the birth of more than 8 million IVF babies (ESHRE 2018), thereby making parents of nearly 16 million people. That ARTs "make parents" is the key insight forwarded by feminist technoscience scholar Charis Thompson (2005) in her influential volume *Making Parents: The Ontological Choreography of Reproductive Technologies*. In that book, Thompson shows that men and women willingly engage in complex "ontological choreographies" in their often herculean efforts to become parents of IVF offspring. Yet, as Thompson (2002) points out in another classic essay entitled "Fertile Ground: Feminists Theorize

Infertility," too often feminist scholarship ignores these parenting desires, focusing instead on the potential harms (social, physical, and economic) brought on by new ART interventions. Although these feminist critiques of ART risk are clearly justified, Thompson argues that we must also attempt to understand why these technologies are so important to people—what potential benefits and rewards the ARTs offer. Ultimately, Thompson advocates for committed feminist ethnography that makes sense of the human desires, motivations, investments, struggles, joys, and subjectivities of ART users themselves, both men and women. Although we are obligated as feminist scholars to be vigilant about the ways in which ARTs impinge upon women's lives and reproductive well-being, we must also study and understand the ways in which these technologies improve women's lives and gender relations.

In my book *Cosmopolitan Conceptions: IVF Sojourns in Global Dubai* (Inhorn 2015), I attempt to do both by recounting the hopeful stories and sometimes happy endings of more than 200 "reprotravelers" from fifty different countries, who had traveled to a globally renowned IVF clinic called Conceive in search of high-quality IVF (and ICSI). But I also document the burdens of those journeys, including the impoverishing expenditures and the medical risks. For example, in one chapter called "Discomforts: Medical Harm and the Search for High-Quality IVF," I detail the "medical horror stories" of some women and men in my study, who had arrived at the clinic after experiencing permanent reproductive damage or near-death experiences at the hands of incompetent IVF practitioners in other locales.

In my most recent book *America's Arab Refugees: Vulnerability and Health on the Margins* (Inhorn 2018), I examine the pitfalls of America's own highly stratified IVF system, in which a single cycle of IVF or ICSI can cost well over $12,000—about four times the global average. Given this reality, poor and minority couples have little access to IVF in the US, even in so-called "mandate states" where IVF services are partially state-subsidized. My own study was conducted in "Arab Detroit" (Abraham and Shryock 2000), North America's largest Arab ethnic enclave, located in the rust-belt state of Michigan, which offers no ART subsidization. There, I met nearly 100 infertile men and women, most of whom had fled as refugees from war-torn Iraq and Lebanon. I came to think of these

poor infertile refugees as "reproductive exiles." On the one hand, they were forced to leave their home countries because of war—including the two US-led wars in Iraq. But once they arrived in the US as refugees, they found themselves stranded—unable to return to their home country because of ongoing violence and shattered healthcare systems and unable to access infertility services due to their structural vulnerability within the US healthcare system. Thus, exile had two meanings for this population: First, the forced removal from one's home country, with little hope of return; and second, the feeling of being forced out of an inaccessible health care system. Thus, in *America's Arab Refugees*, as well as *Cosmopolitan Conceptions*, I argue for the importance of additional interventions, including infertility prevention, new paths to social parenthood (including fostering among Muslim couples, who are religiously forbidden from adopting), and low-cost IVF activism. In my view, these are important avenues to reproductive justice, especially given that so much infertility and social suffering will never be redressed.

Still, even among infertile migrant and refugee populations, stories of reproductive resolution can be found (Inhorn 2015, 2018). These stories are important to share too, amidst so much suffering, structural vulnerability, and quiet desperation. For example, Kamal, an infertile Iraqi refugee who had seen "*so many* dead people, *so much* blood," had been resettled with his two brothers in Arab Detroit. In the ten years since he had arrived in America, Kamal was able to accomplish many of the things in life that others could only hope for. These included a happy marriage to his Iraqi sweetheart, Heba, whom he had met in a refugee camp; American citizenship by way of naturalization; an economically stable life as the proprietor of two small barbershops; ownership of two fixer-upper homes that he and his brothers remodeled; and the joys of parenthood through the birth of a test-tube baby. Pulling a photo from his wallet, Kamal smiled widely when he showed me the picture of little Haydar, his thirteen-month-old ICSI son. As both Kamal and Heba pointed out to me proudly, Haydar was an American citizen by birth—not an exile—in a land that they now called home.

As seen in this Iraqi refugee story, ARTs *have* provided new reproductive hopes, opportunities, and, in some cases, "miraculous" conceptions to those whose child desire remains high. And this is where feminist

ethnography has such a critical role to play. As reproductive ethnographers, our goal is to ask women—and men—to tell us about their reproductive aspirations and desires, and to listen very, very carefully to what they have to say. Through ethnography, we can begin to understand what reproduction means in people's lives; what risks they are willing to take; and how they encounter reproductive technologies on their own terms. Before we can make considered feminist claims about which ARTs are good or bad for women (and men), we need to ask balanced questions and listen closely to what people tell us. In my long-term ethnographic engagement with the ARTs, I have found that people are often savvy interlocutors, pragmatic about their own reproductive choices and expectations, while also finding ARTs to be sources of hope and empowerment. People are not reproductive "dupes." They are often realistic about the limits of technology and accompany their technological optimism with caution and critique (Bennett and de Kok 2017; Inhorn 2007).

All in all, over a career spanning three decades, feminist ethnography has opened my own eyes to the fascinating and ever-changing world of ARTs. As shown in this chapter, my long journey with the ARTs across the Muslim Middle East has been underlain with many untested assumptions and often naive, but critical questions. In "considering gender," it has been my privilege in this chapter to lay bare this provocative terrain and to attempt to challenge, from a feminist ethnographic standpoint, some powerful stereotypes in need of "remaking."

Notes

1. These ethnographies include Becker 2000; Bharadwaj 2016; Bonaccorso 2008; Clarke 2009; Franklin 1997; Franklin and Roberts 2006; Gerrits 2016; Göknar 2015; Inhorn 2003, 2012, 2015, 2018; Kahn 2000; Kanaaneh 2002; Konrad 2005; Roberts 2012; Sandelowski 1993; Thompson 2005; Wahlberg 2018; and Whittaker 2015. In addition, Marilyn Strathern (1992) wrote the first important theoretical work on the relationship between anthropology, kinship, and the ARTs.
2. The Association of Middle East Women's Studies (AMEWS) was founded in 1984 by Suad Joseph of University of California-Davis. Twenty years

later, in 2004, we launched AMEWS's professional journal, the *Journal of Middle East Women's Studies (JMEWS)* at the University of Michigan, where I was the founding editor.

3. Elite Egyptians, sometimes including the physicians at the public maternity hospital, also liked to joke about this.
4. This intersection between fertility/infertility and contraception/assisted conception is at the heart of a new three-year (2018–2021) Wellcome Trust project on "Changing (In)Fertilities," directed by Sarah Franklin at the University of Cambridge, and co-directed by me at Yale University.
5. The only Sunni Muslim majority country where third-party reproductive assistance appears to be carried out is Mali, located in West Africa (Horbst 2016).
6. These publications were the outcome of two conferences, one on "Muslim Men: On Love, Nurturance, Care, and Fulfillment," hosted by Yale University's MacMillan Center for International and Area Studies, and the other on "Arab Men: Anthropological Reconceptions," hosted by University of Oxford's Middle East Centre and funded by the Wenner-Gren Foundation for Anthropological Research. I co-convened both conferences.

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