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# The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East

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## Introduction

The title of my lecture today is “The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East.” As you will see, I have learned about Middle Eastern manhood through the lens of infertility and assisted reproductive technologies, or ARTs, as I will call them from this point on. As a Middle East scholar, I have been following the globalization of ARTs into the Islamic world, where these technologies have been received mostly enthusiastically over the past 30 years. I hope to show how these reproductive technologies have led to new social and cultural transformations within the Muslim Middle East. Furthermore, I hope to debunk the Western myth of the Islamic world as somehow backwardly religious and anti-scientific. Far from it, Islam is a religion that can be said to encourage science and technology, including medical developments to overcome human suffering. Islam, as we shall see, is scientifically agentive, encouraging the pursuit of high-tech medicine, including reproductive medicine. The continual development

of new forms of assisted conception has led to the emergence of interesting Islamic bioethical discourses on how these technologies should be used. My theme today is this *emergence*:

- 1) the *emergence of the assisted reproductive technologies* themselves,
- 2) the *emergence of Islamic bioethical discourses* surrounding ARTs,
- 3) the *emergence* of a particular ART called ICSI to overcome male infertility,
- 4) and, finally, “*emergent masculinities*,” or how men’s engagements with assisted reproductive technologies are part and parcel of larger transformations in Middle Eastern men’s lives.

I use the term “emergent masculinities” to capture all that is new and transformative in Middle Eastern men’s lives in the 21<sup>st</sup> century. In my recent book, *The New Arab Man: Emergent Masculinities, Technologies, and Islam in the Middle East*, I argue that Arab men today are changing their personal lives, interjecting new notions of manhood, gender relations, and intimate subjectivities into their ways of being. Although Middle Eastern Muslim men have generally been portrayed as terrorists, religious zealots, and brutal oppressors of women since September 11<sup>th</sup>, 2001, most ordinary Middle Eastern men bear little resemblance to these vilifying caricatures. Rather, men in the Middle East today are enacting emergent masculinities in ways that defy both patriarchy and Western-generated stereotypes.

Having interviewed more than 330 men from 14 Arab countries over the course of 15 years, I can say with some certitude that most Arab men in my studies seek love within marriage, viewing their wives as companions in sickness and in health. Arab men want children with those wives, not only to continue the family line, but for the sheer joy of parenthood. When reproductive problems arise, as they often do, men seek infertility testing, and also support their wives through expensive forms of treatment, even in the face of various arenas of constraint. In order to demonstrate these emerging trends, I will share the story of a man I call Ibrahim, whose ardent desire for fatherhood propels him on a valiant and transnational quest for assisted reproduction. In Ibrahim’s case, he engages creatively and persistently with a variety of new medical possibilities, in his hope of becoming a new Arab father. Ibrahim’s story exemplifies many aspects of new Arab manhood as it is emerging in what I would like to characterize as the “high-tech Middle East.”

But first, a definition. My notion of “emergent masculinities” derives from the work of Marxist scholar Raymond William (1978). In his essay “Dominant, Residual, Emergent,” Williams defined emergence as “new meanings and values, new practices, new relationships and kinds of relationship [that] are continually being created.” When applied to new forms of manhood, emergent masculinities encapsulate change over the male life course as men age; change over the generations as male youth grow to adulthood; and changes in social history that involve men in transformative social processes. In addition, emergent masculinities highlight new forms of masculine practice that

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accompany these social trends. In the Middle East, these would include, for example, men's desire to "date" their partners before marriage; men's acceptance of condoms and vasectomy as forms 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. All of these masculine practices are, in fact, emerging in the Middle East, but are rarely noticed by scholars and media pundits.

Manhood is not a thing, nor a constant. Rather, it is an act that is ever in progress. Men enact manhood in different ways as they move through the different social contexts that form their daily lives. Masculinities are also shaped in response to larger life changes; these may include marriage, fatherhood, job opportunities, migration, or various economic, social, and political forces operating in home communities. Importantly, men live out all of these changes in bodies that are also ever-changing; these changes include aging, becoming ill or well, being altered through medical treatment, exercise, or neglect. By calling for an emergent masculinities approach, I call for attention to this ongoing, relational, and embodied process of change in the way that men enact masculinity. In short, I argue that any theory used to understand the *practice* of masculinity must account for the *emergence* of change, physically and socially, over time.

My concept of emergent masculinities serves as a counterpoint to Raewyn Connell's well-known theory of "hegemonic masculinity," which, over the past 30 years, has been widely adopted among gender scholars in an attempt to understand societies' dominant forms of manhood. Hegemonic masculinity often concentrates attributes such as wealth, professional success, the power to dominate and control others, physical strength, virility and paternity, and is often contrasted to subordinated or marginalized masculine forms. Unfortunately, the scholarly search for hegemonic masculinity in the Middle East has tended to promote sterile reifications and facile judgments about men's lives, reinforcing harmful caricatures of patriarchy and oppression—a so-called "toxic trait list" of hegemonic masculinity, Middle Eastern style. Part of this portrayal suggests that the Middle East is exceptionally prone to violence, because the men there are exceptionally brutal, tyrannical, and oppressive, and their predispositions toward violence are fueled by a hyper-zealous, extremist religion. This is the dominant Western media portrayal of Middle Eastern men, who, by virtue of the constant coverage of ISIS, Al-Qaeda, the Taliban and various Arab insurgencies, makes Arab men seem utterly terrifying.

However, I argue that many, if not all, Middle Eastern men are striving for a much different notion of masculinity—and these men are what I call "the silent majority" in the Arab world. Arab men are quite cognizant of circulating stereotypes; they can articulate these, and they can explain how their own lives differ. Change is coming from *within* Middle Eastern societies, as men reconceptualize their own lives, contrasting them to their father's generation. In my view, there is no better evidence of these changes than the fact that millions of Middle Eastern men, particularly of the younger generation, took to the streets to protest the violent oppression of their leaders and to advocate for new forms of political rule and human dignity. Even if these revolutions have not unfolded as predicted, they are unprecedented and important.

An emergent masculinities approach can account for these kinds of social and political changes in a way that a hegemonic masculinity approach cannot. The variability, hybridity, and transformation of masculinity that I detect in the Middle East today defies easy categorization. Middle Eastern men are appropriating diverse styles of masculinity, drawing from both indigenous and global forms. In doing so, they are *reconceiving manhood* in ways that have yet to be properly described, but deserve our empirical attention. And to that end I am happy to say that several of my close colleagues, including anthropologists Farha Ghannam and Nefissa Naguib, have published recent books on Egyptian masculinity, which describe the “nurturing masculinity” of Middle Eastern men in their families and communities.

So, there is no single story that can be told about the Middle East, or about the men who live there. To quote the phrase of Nigerian author, Chimamanda Adichie, there is “the danger of a single story.” Single stories create stereotypes, and these stereotypes are almost always incomplete. Other stories need to be told—stories that capture love instead of brutality, resilience instead of catastrophe, hope instead of abjection, dignity instead of despair. In focusing on “emergent masculinities” and many other forms of Middle Eastern “emergence,” my hope today is to reject the single story line of a brutal, fanatical, violent, misogynistic Middle East. My work renders a Middle East filled with love and high technology. I hope I will be able to convince you that a different kind of Middle Eastern story matters.

### **The Emergence of ARTs**

The term “emergence” has great relevance in the world of assisted reproductive technologies, or ARTs. The first ART ever invented was in vitro fertilization, or IVF. The basic process of IVF is shown here: with collection of human eggs from a woman’s ovaries, their fertilization with human sperm in a petri dish in an IVF laboratory, and then transfer of the fertilized embryos back into a woman’s uterus. IVF was first successfully accomplished in 1978, with the birth of England’s Louise Brown, the world’s first “test-tube baby.” Here she is shown with her mother and son, and with Dr. Robert Edwards of the University of Cambridge, who received the Nobel Prize in 2010 for his invention of IVF. He died shortly thereafter at the age of 87.

Over the past 30 years, there has been a veritable explosion of ARTs related to IVF, including: 1) *intracytoplasmic sperm injection* (ICSI) to overcome male infertility; 2) *third-party reproductive assistance* (with donor eggs, donor sperm, and donor embryos) to overcome problems of poor gamete quality; 3) *gestational surrogacy*, to help women who are unable to carry a pregnancy to term, as well as for gay male couples; 4) *cryopreservation*, or freezing and storage of unused sperm, eggs, and embryos; 6) so-called *social egg freezing*, to postpone the fertility of professional women, thereby “rewinding the biological clock”; 7) *preimplantation genetic diagnosis*, or PGD, to determine if embryos have genetic defects, to select embryos of a specific sex, or to select embryos that can grow into “saviour siblings” through the donation of their umbilical cord blood; 8) *human embryonic stem cell* (hESC) research on unused embryos for the purposes of therapeutic intervention; and 9) the future possibility of *human reproductive cloning*, or asexual, autonomous reproduction, which has already occurred in other mammals (e.g., Dolly the sheep). With virtually all of these technologies, sperm and eggs are retrieved from bodies,

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embryos are returned to bodies, and sometimes they are donated to other bodies or used for the purposes of stem cell and other forms of medical research.

### **The Emergence of Islamic Bioethical Discourses**

IVF globalized quickly, moving to the Middle East within eight years of Louise Brown’s birth. Today, the Middle East is host to a booming and high-tech ART industry. Egypt alone boasts more than 50 IVF clinics, Iran has more than 70 clinics, and Turkey has the largest number, with over 110 clinics. Even small countries such as Lebanon and the United Arab Emirates each

boast more than a dozen IVF clinics.

The development of a Middle Eastern IVF industry is not surprising: Islam encourages the use of science and medicine as solutions to human suffering and is a religion that can be described as “pronatalist,” encouraging the growth of an Islamic “multitude.” Yet, relatively little is known about Islam and technoscience, if technoscience is defined broadly as the interconnectedness between science and technology. As noted by Mazyar Lotfalian (2004, p. 6) in his monograph on *Islam, Technoscientific Identities, and the Culture of Curiosity*, there is a glaring lacuna in the literature on science and technology in cross-cultural perspective, particularly from the Islamic world, where there are “really only two strains of relevant work”—one on the Islamic medieval sciences and one involving an argument made by Harvard’s Samuel L. Huntington that there is a so-called “clash of civilizations” between science and technology in the Islamic and Western worlds. This is an argument that I do not buy. But it is made in the absence of sufficient scholarship on Islam and technoscience. This dearth of relevant scholarship clearly applies to the cross-cultural study of ARTs. For example, in the seminal volume on *Third Party Assisted Conception Across Cultures: Social, Legal and Ethical Perspectives* (Blyth and Landau 2004), not a single Muslim society is represented among the thirteen country case studies.

IVF was actually first practiced in 1986 in the Sunni Muslim majority countries of Egypt, Saudi Arabia, and Jordan. Egypt’s early entrance into assisted reproduction was especially important from an Islamic standpoint. 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. A *fatwa* is a non-legally binding but authoritative Islamic religious opinion, offered by an Islamic cleric who is considered to be an expert concerning the Islamic scriptures and jurisprudence. More than 30 years later, this original Al-Azhar *fatwa* has proved to be quite authoritative and enduring, and has subsequently been reissued many times in Egypt, Saudi Arabia, and across the Sunni Muslim world from Morocco to Malaysia.

In general terms, the Sunni Islamic religious authorities have been very permissive in allowing assisted reproductive technologies to be practiced. They have allowed:

- (1) Artificial insemination with a husband's sperm;
- (2) In vitro fertilization of an egg from a wife with the sperm of her husband;
- (3) Intracytoplasmic sperm injection, or ICSI, using an egg from a wife with the sperm of her husband;
- (4) Cryopreservation, or freezing, of any excess embryos;
- (5) Post-menopausal pregnancy using a woman's own cryopreserved embryos or oocytes;
- (6) Preimplantation genetic diagnosis for couples at high risk of genetic disorders in their offspring;
- (7) Multifetal pregnancy reduction, a form of selective abortion, which eliminates one or more fetuses in a high-risk IVF pregnancy with triplets, quadruplets, or beyond. In general, Islam is permissive when it comes to therapeutic abortion, since it does not consider life to begin at the moment of conception;
- (8) Embryo research is allowed on donated embryos for the advancement of scientific knowledge and the benefit of humanity.
- (9) And, now that it is technically possible, uterine transplantation is allowed as a remedy for women who are lacking a competent uterus.

However, the Sunni religious authorities have not condoned every possible ART practice. The list of restrictions is equally long.

(1) Most importantly, third party donors are not allowed, whether they are providing donor sperm, donor eggs, or donor embryos. The use of a third party is tantamount to *zina*, or adultery.

(2) Similarly, all forms of surrogacy are forbidden.

(3) A donor or surrogate child conceived through any of these illegitimate forms of assisted reproduction cannot be made legitimate through adoption. The child who results from a forbidden method belongs to the mother and is considered to be a *walad il-zina*, or an illegitimate child.

(4) Assisted reproduction cannot be performed on an ex-wife or widow using sperm from a divorced or dead husband.

(5) Sperm banks for the purposes of sperm donation are forbidden. Sperm may only be cryopreserved before cancer treatment and used later in life by that same individual.

(6) PGD or sperm sorting techniques for the purposes of sex selection are forbidden.

(7) Human reproductive cloning for the creation of a cloned child—who would be the genetic twin of the cloning parent—is forbidden.

(8) Genetic alteration of embryos is forbidden, although in the future, gene therapy may be approved to remediate inherited genetic diseases and pathological conditions.

This is a long list, but it clearly summarizes which technologies are *haram*, or forbidden in Sunni Islam. Most important from a clinical perspective, all forms of third-party donation are *haram*, including sperm donation, egg donation, embryo donation, and surrogacy. As noted by Islamic studies scholar Ebrahim Moosa,

In terms of ethics, Muslim authorities consider the transmission of reproductive material between persons who are not legally married to be a major violation of Islamic law. This sensitivity stems from the fact that Islamic law has a strict taboo on sexual relations outside wedlock (*zina*). The taboo is

designed to protect paternity (i.e., family), which is designated as one of the five goals of Islamic law, the others being the protection of religion, life, property, and reason.<sup>17</sup>

With regard to the first issue, Islam is a religion that can be said to privilege—even mandate—heterosexual marital relations. As is made clear in the original Al-Azhar *fatwa*, reproduction outside of marriage is considered *zina*, or adultery, which is strictly forbidden in Islam. Although third-party donation does not involve the sexual body contact (“touch or gaze”) of adulterous relations, nor presumably the desire to engage in an extramarital affair, it is nonetheless considered by most Islamic religious scholars to be a form of adultery, by virtue of introducing a third party into the sacred dyad of husband and wife. It is the very fact that another man’s sperm or another woman’s eggs enter a place where they do not belong that makes donation of any kind inherently wrong and threatening to the marital bond.

The second aspect of third-party donation that troubles marriage is the potential for incest among the offspring of anonymous donors. If an anonymous sperm donor, for example “fathers” hundreds of children, the children could grow up, unwittingly meet each other, fall in love and marry. The same could be true for anonymous egg donors. Thus, moral concerns have been raised about the potential for incest to occur among donor children who are biological half-siblings.

The final moral concern is that third-party donation confuses issues of kinship, descent, and inheritance. As with marriage, Islam is a religion that can be said to privilege—even mandate—biological inheritance. Preserving the “origins” of each child, meaning his or her relationships to a known biological mother and father, is considered not only an ideal in Islam, but a moral imperative. The problem with third-party donation, therefore, is that it destroys a child’s *nasab* (lineage) and violates the child’s legal rights to known parentage, which is considered immoral, cruel, and unjust.

Muslims use the term “mixture of relations” to describe this untoward outcome. Such a mixture of relations, or the literal confusion of lines of descent introduced by third-party donation, is described as being very “dangerous,” “forbidden,” “against nature,” “against God”—in a word, *haram*, or morally unacceptable. It is argued that donation, by allowing a “stranger to enter the family,” confuses lines of descent in Islamic societies. For men in particular, ensuring paternity and the “purity” of lineage through “known fathers” is of paramount concern. This is because most Muslim societies are organized patrilineally—that is, descent and inheritance are traced through fathers and the “fathers of fathers” through many generations. Thus, knowing paternity is of critical concern.<sup>28</sup>

Accordingly, at the ninth Islamic law and medicine conference, held under the auspices of the Kuwait-based Islamic Organization for Medical Sciences (IOMS) in Casablanca, Morocco, a landmark five-point declaration included recommendations to prohibit all situations in which a third party invades a marital relationship through donation of reproductive material. Such a ban on third-party reproductive assistance is effectively in place in the Sunni-dominant countries. Not a single Sunni Muslim-majority country allows sperm donation, egg donation, or surrogacy, and couples

who need these technologies are told firmly that third-party donation is “against the religion.”

### **The Emergence of ICSI**

In the Middle East, the prohibition against sperm donation is particularly significant, because male infertility is the leading cause of childlessness. Across the region, 60-70 percent of all cases presenting to IVF centers may involve a diagnosis of male infertility, and many of these cases are severe, involving very low sperm count, poor sperm motility or movement, and sometimes azoospermia, or complete lack of sperm in the ejaculate. Because of advances in the field of genetics, it is now realized that a significant percentage of these severe cases are due to genetic abnormalities, which, in the Middle East, are clearly tied to intergenerational patterns of consanguineous, or cousin marriage. Because male infertility is often genetic, it is recalcitrant to prevention, and is among the most difficult forms of infertility to treat.

Indeed, until the early 1990s, the only known solution to male infertility was sperm donation, which is religiously prohibited across most of the Muslim world. Thus, the introduction of intracytoplasmic sperm injection, or ICSI, in Belgium in 1992 was a watershed event. A variant of IVF, ICSI solves the problem of male infertility in a way that IVF cannot. Through “micromanipulation” of otherwise infertile sperm under a high-powered microscope, these “weak” sperm can be injected directly into human oocytes, effectively “forcing” fertilization to occur. As long as one viable spermatozoon can be extracted from an infertile man’s body—including through painful biopsy or aspiration of a man’s testicles—it can be “ICSI-injected” into an oocyte, leading to the potential creation of a human embryo. With ICSI, then, otherwise “sterile” men can father biogenetic offspring. In short, ICSI gives even the most infertile man a chance of producing a “test-tube baby.”

The coming of ICSI to the Middle East in 1994, where it was introduced in an IVF clinic in Cairo, has led to a virtual “coming out” of male infertility across the region, as men acknowledge their infertility and seek the ICSI solution. The coming of this new “hope technology” has repaired diminished masculinity in men who were once silently suffering from their infertility. Furthermore, ICSI is being used in the Middle East and elsewhere as the assisted reproductive technology “of choice,” effectively replacing its predecessor IVF. Basically, IVF leaves fertilization “up to chance,” whereas ICSI does not. Thus, ICSI provides a more guaranteed way of creating “the elusive embryo.”

ICSI may be a revolutionary “breakthrough” technology, but it is by no means a panacea. For one, the precisely timed collection of semen can produce deep anxiety and even impotence, but is imperative for all ICSI procedures. Some men may produce no spermatozoa whatsoever, even within their testicles, eliminating ICSI as an option. Furthermore, ICSI may not succeed, leading to endless rounds of fruitless repetition among some couples. For women, ICSI involves a grueling surgical procedure, which is highly dependent upon the complicated hormonal stimulation and extraction of healthy oocytes from women’s bodies. Whereas the fecundity of older men can often be enhanced through ICSI, women’s fertility is highly age sensitive; thus, older women may “age out” of ICSI, causing highly gendered, life-course disruptions surrounding women’s “biological clocks.” In addition, older men

may “arrive” at ICSI after years of other failed treatment options. ICSI is expensive, usually costing \$2,000-6,000 per cycle in the Middle East. Thus, it is often deemed a “last resort,” especially for men without adequate financial resources. Finally, when it does succeed, ICSI may be perpetuating genetic defects into future generations of male offspring. The ethics of passing genetic mutations to children has been an increasing cause for concern.

Despite these challenges, the emergence of ICSI in the Middle Eastern region in the mid-1990s led to an immediate boom in demand for this technology—a demand that has never waned. ICSI is by far the most common ART now undertaken in the Middle East, and IVF clinics today are filled with ICSI-seeking men and their wives. For many of these men, the search for ICSI success is relentless. As one infertile Lebanese man put it, “I will try again and again and again. I will never lose hope.” Or, as another concluded, “I will try until I die.”

The case of Ibrahim exemplifies this relentless engagement with ICSI, as well as many other features of emergent masculinities in the Middle East today. In his no-holds-barred quest to become a new Arab father, Ibrahim ventures far and wide, seeking the latest forms of technoscientific assistance as they become available around the globe.

### **Ibrahim and His ICSI Quest**

I met Ibrahim at a clinic called Conceive on the periphery of Dubai, United Arab Emirates. Married for thirteen years, Ibrahim and Nura were first cousins, the children of two Palestinian sisters. Ibrahim had grown up in a Palestinian family in Kuwait, but when he visited his mother’s family in Jineen, he met his beautiful cousin Nura, falling madly in love with her. They married “for love” in 1993, and by 1994, the questioning began about why Nura was not yet pregnant. “You know our traditions in the Middle East,” Ibrahim said to me. “We get married, and after one year, everybody starts asking what’s going on. If you go for more than one year [without a pregnancy], this comes to be seen as a problem.”

Nura began the treatment quest by visiting a doctor in 1995. When the doctor told her that she was able to become pregnant, Ibrahim did his first “check up,” a semen analysis which proved to be “very bad.” The physician advised Ibrahim to go to a “specialist.” Ibrahim consulted a urologist and, per Middle Eastern medical tradition, Ibrahim ended up undergoing a varicocelectomy (to remove varicose veins in the testicles) in 1995. As is generally the case, the varicocelectomy did nothing to improve Ibrahim’s sperm count. “After that, I did many tests,” Ibrahim explained. “And still, the results turned out to be very bad. I have a copy of all my medical reports. I could show them to you on Sunday. Always, the semen count was 400,000 to 500,000, very, very weak. And after one-half hour, everything died. There was fragmentation, also.”

“Our journey starts here,” Ibrahim told me, immediately launching into a story of thirteen failed ICSI attempts between 1995 and 2007, the last one conducted during the sacred month of Ramadan the year before. In the early days of their ICSI quest, Ibrahim and Nura focused on Jordan, a country with a Palestinian majority, Palestinian-run IVF clinics, and a “famous” IVF hospital in Amman, one of the first to

perform IVF in the Middle East. Traveling from their home in Kuwait to Jordan was both taxing and expensive. Nonetheless, Ibrahim and Nura attempted ICSI seven times in Jordan at three different IVF centers. At that time, the cost of one ICSI cycle was 1,500 to 2,000 Jordanian *dinars* (approximately \$2,000-3,000), but Ibrahim's monthly salary was only 200 Jordanian *dinars*, or one-tenth the amount of one ICSI cycle. In desperation, Nura contemplated selling her bridal gold. Fortunately, however, Ibrahim secured a good job in Dubai as an accountant, and the couple moved there in 1999.

Within their first year in Dubai, Ibrahim and Nura underwent two ICSIs in Emirati government hospitals, where ARTs were partially state-subsidized. However, both ICSIs failed, and the couple became concerned about standards of cleanliness, having seen cockroaches on the hospital walls.

As the new millennium was fast approaching and their nine ICSI cycles had all failed, Ibrahim became convinced to "stop searching in Arab countries." A Palestinian friend in France made an appointment for Ibrahim and Nura at an IVF clinic in Rouen. There, a chromosome test of Ibrahim's sperm showed "fragmentation," an indication of a chromosomal defect. Reviewing Ibrahim's case, the French doctors told him bluntly, "We can't do anything for you. And since you did ICSI more than nine to ten times, we cannot do it again, because the French rules say that we cannot do ICSI after four times." They then suggested adoption, which shocked Ibrahim. "That's fine for you," Ibrahim told the French doctors. "But for us, as Muslims, we have a different tradition."

Demoralized but not destroyed, Ibrahim began his "research," drawing upon his global network of relatives and acquaintances in the Palestinian diaspora. Fortunately, one of Ibrahim's Palestinian friends in Los Angeles told him that he would be willing to help with the ICSI quest. Despite the difficulty of obtaining visas for travel to the post-9/11 U.S., Ibrahim and Nura's patience paid off. They were eventually allowed to seek medical care in America. There, they visited IVF centers in both Las Vegas and Los Angeles, agreeing that their best chances for ICSI success were at UCLA, where, in the words of Ibrahim, a "master doctor" was in charge of the IVF clinic.

For the first time in a decade of ICSI-seeking, Ibrahim and Nura were offered preimplantation genetic diagnosis, or PGD. In Ibrahim and Nura's case, the UCLA physician wanted to determine whether the couple's ICSI embryos were carrying genetic defects, causing repeated ICSI failures. After verifying that PGD was religiously acceptable, Ibrahim and Nura agreed to PGD, and learned that eight of their twenty embryos were free from obvious genetic disease. As Ibrahim recalled, "He [the IVF doctor] told me something funny then. He said, 'You have seven girls and one boy.' I said, 'I don't give a damn shit for girls or boys, Doctor! All I want is a child!' So he returned back [to Nura's uterus] three girls and one boy."

Ibrahim and Nura were scheduled to return to Dubai a week after the embryo transfer, and Ibrahim carefully changed their tickets from economy to business class, so that Nura and the four ICSI embryos could "recline" in transit. After their return to Dubai, Nura underwent a pregnancy test—again negative. "My God, you cannot imagine how disappointed we were," Ibrahim explained:

In the U.S., Marcia, the trip cost me, with the travel, with everything, around \$35,000. Maybe I've spent more than \$100,000 in total for all of the [ICSI] trials. If somebody else had done this to Nura, I'm sure she couldn't stand it. Sometimes, I come back home, and I find her crying. The environment here in the Arab countries, I mean, her sister is getting pregnant, my brother's wife is getting pregnant, and sometimes they cannot stop it [their fertility]! Our family is not interfering, and it's a love marriage. But sometimes, you know, I told her, "All of the problem is because of me, not you. It's from my side. If you want, we can divorce." But she refused. She told me, "If there is going to be a baby, it has to come from you."

He then asked me, "It's so frustrating; I have to do ICSI. But how and where?" At this point, I broached the delicate topic of sperm donation. Ibrahim responded: Somebody suggested sperm donation, but we totally refused. For both of us, it's not in consideration. [I asked: Why? And Ibrahim responded:] Because I refuse it. If the sperm comes from somebody else, you know, inside your heart, you will know it is not yours. Not our color, not our eyes, different things will come out. That's why we refuse. He will not be my son. But maybe I will go for the other one, cloning, or how they did Dolly the sheep. This cloning I have no problem with. [Marcia: Even if Islam doesn't allow it?] I'm sure they will allow it eventually. IVF started in the 1980s, and at first, the Islamic authorities didn't accept, but now they accept. Maybe after five years, they will accept cloning. But using a donor, no. It's not from your back [where sperm are thought to be made]. It's not from you."

Nura, who had been quietly following the conversation added, "It's like adoption. I wouldn't do it because I don't like the idea."

Given their opposition to adoption and gamete donation, both of which are prohibited in Sunni Islam, Ibrahim and Nura explained that they must use their own gametes. According to Ibrahim, their reproductive fate is ultimately in God's hands:

I believe in science, but also God. I believe in science, but if God wants to give, He will. We have the same belief, that if God wants to get us something [a baby], he will give. One of my friends, he was having the same problem as me. Every year, he was going on a vacation with his wife to Jordan and doing ICSI, and it was not happening. Then two years ago, I got back in touch with him. He said, "You'll never believe what happened! I got fed up going to clinics here and there and just spending money. So my wife and I went to Saudi Arabia on the *umra* [a form of pilgrimage], and we were staying there and praying to God. And, yes, it happened."

"So you see," Ibrahim said, "This is from God. You have to believe."

According to Ibrahim, he would be satisfied if God granted him one child. "One baby and that's it! Not more. I told Nura, 'If I get one baby, your ovary, I will remove it!' I don't want to think about it anymore! This is the only, and lonely problem in my life. I don't have any other problem."

Ibrahim told me that he had contemplated going to Belgium, where ICSI was invented, but he had decided against it. "One doctor, he advised us to go to Belgium. But after we tried ICSI in America, I feel that what we do here [in the Middle East] is

the same.” At the time of our meeting, Ibrahim had placed his hopes in the private IVF clinic on the edge of Dubai where I first met him. Although the IVF physician was a Hindu from India, Ibrahim found him “down to earth,” a physician who had still “found hope” in Ibrahim’s poor sperm profile.

Several weeks after my interview with Ibrahim, I inquired with the clinic’s “embryo courier” service about whether it was possible to transport Ibrahim and Nura’s three remaining frozen embryos all the way from UCLA to Dubai. When the courier replied “yes,” I decided to introduce him to Ibrahim, a meeting that took place after Ibrahim and Nura experienced their fourteenth failed ICSI cycle at the Dubai IVF clinic. Ibrahim was very excited about the prospect of transporting their three embryos from the U.S. to the UAE, but was told by the courier that this would cost approximately \$2,500. Ibrahim laughed, “What the hell! After all I’ve paid, this is nothing!”

I left the UAE in July 2007, after six months of fieldwork at the clinic. I learned from the clinic’s embryologist—a fellow Palestinian who had taken a special interest in Ibrahim and Nura’s case—that the three embryos were flown from Los Angeles in a cryopreservation tank that was hand-carried all the way from LAX through customs at Dubai International Airport. With the help of the Indian doctor, Ibrahim’s and Nura’s “three girl embryos,” made in America and thawed in the UAE, were transferred into Nura’s uterus on the Emirati IVF clinic’s operating table. Unfortunately, on the fifteenth attempt at ICSI, the three female embryos did not implant in Nura’s womb. Thus, Ibrahim’s dreams of fathering three little “American-made” Palestinian daughters vanished.

### **Emergent Masculinities**

Despite the heartbreaking ending, Ibrahim’s story is emblematic of emergent masculinities in the Middle East today. Ibrahim is a happily married man, who wants to father a child with his beloved wife, Nura. When he learns early in marriage that he is infertile, he begins a relentless quest to overcome his infertility, involving, among other things, repeated semen tests, an unproductive genital surgery, and eventual resort to assisted reproduction. Ibrahim’s ICSI quest involves, among other things, thousands of dollars, intraregional “doctor shopping,” so-called “reproductive tourism” to both Europe and America, sophisticated genetic embryo testing, transnational embryo couriership, and fifteen repeated ICSI failures.

Emergent masculinities in the Middle East today intersect with a variety of emergent health technologies, including assisted reproduction. In this world of assisted reproduction, men’s engagement with medical technology can be quite agonizing, when their sexual organs are scrutinized and opened up in various ways, or quite liberating, when their ICSI twins and triplets are born. Assisted reproduction has brought with it hopes and dreams for the high numbers of infertile men in the Middle East, in a region that can now boast one of the strongest and largest assisted reproduction industries in the world.

Today, male infertility is being equated with other emerging diseases such as diabetes, which are deemed hereditary, and thus beyond men’s individual control. If infertility threatens fatherhood, it is now typically viewed as a medical condition to be overcome through invasive forms of high-tech assisted reproduction, rather than as a

sign of diminished manhood. In a region with high rates of male infertility, men often have friends and male relatives who are struggling with infertility. The modern-day treatment quest—which often includes repeated semen analysis, clinic-based masturbation, testicular needlework, genital surgeries, and other forms of embodied agony—is men’s badge of honor, signifying the ways in which men suffer for reproduction and love. Their feelings of sympathy and sacrifice—of doing all of this “for her”—are prominent motivating factors in emergent marital subjectivities in the Middle East today.

Gender scripts surrounding conjugality are also being reworked in complex ways as ICSI and other ARTs reach wider and wider audiences in the Middle Eastern region. I would argue that assisted reproduction itself is changing the Middle East in unprecedented ways, creating many new possibilities for marital, gender, and family relations. The very growth of a booming Middle Eastern IVF industry—for example, with nearly 250 IVF clinics between the three Middle Eastern countries of Turkey, Iran, and Egypt—bespeaks not only regional pronatalism, but also the physical, financial, and emotional commitments of thousands upon thousands of infertile married couples. Within contemporary Middle Eastern marriage, most men desire romantic love, companionship, sexual passion and monogamy, surrounded by a sphere of conjugal privacy within a nuclear household setting. Increasingly, Middle Eastern couples are remaining together in long-term childless marriages, while trying repeated rounds of IVF and ICSI in the hopes of achieving parenthood. Furthermore, Middle Eastern men work hard, often emigrating for periods of their lives, in order to save the money necessary for these IVF and ICSI cycles. Fatherhood of two to three “test-tube babies”—a mixture of sons and desired daughters—is wanted as much for sheer joy and marital fulfillment as it is for patrilineal continuity, patriarchal power, or old-age security.

These changes in men’s attitudes, expectations, and practices of manhood and family life are indicative of what is being called “ideational change” across the Middle East (Yount and Rashad 2008). To wit, total fertility rates have fallen dramatically across the region, nuclear families are becoming the socially accepted norm, levels of education for both men and women, but especially women, are rising, and assumptions about son preference and men’s patriarchal rights are being questioned. This “new Arab family”—to use the term coined by anthropologist Nicholas Hopkins

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(2004)—no longer resembles the Middle Eastern family of a generation ago. These emergent changes in family life are being followed by several Middle Eastern anthropologists, who have formed the “Arab Families Working Group” (AFWG) led by pioneering Lebanese-American scholar Suad Joseph.

Just as these anthropologists are speaking of “the new Arab family,” I have coined the terms “the new Arab man.” New Arab men are rejecting the

assumptions of their Arab forefathers, including what I call the “four notorious P’s”—patriarchy, patrilineality, patrilocality, and polygyny (Inhorn 2012). According to the men in my studies, these four P’s are becoming a thing of the past. Instead, emergent masculinities in the Middle East are characterized by resistance to patriarchy, patrilineality, and patrilocality, which are being undermined. Polygyny is truly rare, less than 1% in most Middle Eastern societies, just as it has been throughout history (Charrad 2001; Musallam 2009). Certainly, polygyny is not a common strategy today to overcome childlessness, nor a social norm that contemporary Middle Eastern men strive for. Although most Middle Eastern men want to father their own children, taking a second wife is not viewed as “the solution” to infertility. Instead, men seek to help their infertile wives find appropriate treatment. Middle Eastern men today also realize that they themselves may be infertile. Indeed, determining whether a man is infertile is now one of the first steps taken in the medical examination of childless couples across the Middle Eastern region.

## **Conclusion**

Indeed, the Middle East is in the midst of double forms of emergence—both technological and masculine. On the one hand, new forms of reproductive technology are continuously emerging, and once they reach the reproductive marketplace, they are being rapidly discussed, debated, and, in most cases, deployed in Middle Eastern IVF settings. ICSI is a case in point: After its introduction in Belgium in 1992, it spread within two years to Egypt, where Sunni Muslim couples were the first to access this reproductive technology. By 2007, when Ibrahim and Nura were about to embark on their fourteenth ICSI cycle in Dubai, ICSI was widely available across the entire Middle Eastern region from Morocco to Iran, with couples from all religions, Sunni, Shia, Druze, and Christian, employing this technology in hopes of overcoming male infertility.

The willingness of Middle Eastern men such as Ibrahim to engage with ICSI as a form of assisted reproduction is a powerful marker of their emergent masculinities. In the Middle East today, emergent masculinities entail love, tenderness, and affection, as well as untold sacrifice and suffering, all elements of contemporary Arab manhood that go unnoticed and unappreciated. It is my hope that the story of Arab manhood that I have shared today has provided a fundamentally humanizing account, moving us one step closer to understanding how Middle Eastern men encounter their reproductive trials and tribulations. Many Arab men are attempting to unseat patriarchy in their own marriages and family lives, just as they have attempted to unseat inhuman, dictatorial rulers. Through these encounters, Middle Eastern men provide living proof that manhood is being transformed in the Middle East today. We simply need to find these new Arab men, and listen to their stories. Thank you.