Reproductive Technologies as Global Form

Ethnographies of Knowledge, Practices, and Transnational Encounters

Michi Knecht, Maren Klotz, Stefan Beck (eds.)
Eigene und fremde Welten

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Michi Knecht, PD Dr., is a senior researcher and lecturer at the Department of European Ethnology and the Collaborative Research Center no. 640, «Representations of Changing Social Orders. Cross-Cultural and Cross-Temporal Comparisons» at Humboldt-University, Berlin.

Maren Klotz is a research fellow and PHD candidate at the Department of European Ethnology at Humboldt-University, Berlin.

Stefan Beck, Dr., is professor for European Ethnology at Humboldt-University, Berlin.

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Globalization and Gametes: Reproductive «Tourism,« Islamic Bioethics, and Middle Eastern Modernity

Marcia C. Inhorn

Introduction

What motivates the global movements of infertile people searching for new reproductive technologies and human gametes? Inspired by recent developments in globalization theory, medical anthropology, gender studies, and science and technology studies, this chapter focuses on the newly described phenomenon of «reproductive tourism,» also known as «fertility tourism,» «procreative tourism,» and «cross-border reproductive care» (CBRC). Reproductive tourism is defined as «the traveling by candidate service recipients from one institution, jurisdiction or country where treatment is not available to another institution, jurisdiction or country where they can obtain the kind of medically assisted reproduction they desire. As such, it is part of the more general «medical tourism,»»\(^1\)

Little is known about the motivations of reproductive tourists in any part of the world. A front-page story in The New York Times on January 25, 2005, entitled «Fertility Tourists Go Great Lengths to Conceive,» claimed that infertile Americans were seeking services abroad, «in places like South Africa, Israel, Italy, Germany, and Canada, where the costs can be much lower.»\(^2\) However, economic factors may not be the sole consideration. Scholars who are beginning to theorize the relationship between nation-

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\(^2\) Felicia R. Lee, «Fertility Tourists Go Great Lengths to Conceive», in: The New York Times (25.1.2005). Lee is mistaken about Germany as a major hub of reproductive «tourism.» Because of a strict law regarding ova donation, embryo transfer, embryo selection and preimplantation genetic diagnosis, few reproductive tourists travel to Germany. Rather, German reproductive tourists travel out of the country, to Spain, Belgium, the Czech Republic, the United States, and India, among others.
states, reproductive tourism, and global reproductive rights suggest that the causes of such transnational tourism may be manifold. Eight discrete, but often interrelated, factors promoting reproductive tourism have been cited in the existing literature: 1) individual countries may prohibit a specific service for religious or ethical reasons; 2) a specific service may be unavailable because of lack of expertise, equipment, or lack of donor gametes (eggs, sperm, or embryos); 3) a service may be unavailable because it is not considered sufficiently safe or its risks are unknown, so that countries exercising safety precautions may prohibit procedures that are available elsewhere; 4) certain categories of individuals may not receive a service, especially at public expense, on the basis of age, marital status, or sexual orientation; 5) services operate on a market or quasi-market basis, particularly in relation to donor gametes, thus affecting both affordability and supply (including shortages and waiting lists); 6) services may simply be cheaper in other countries; 7) patients may have concerns about low-quality medical services; and 8) finally, privacy concerns may lead some patients to travel.3

These «causes» of reproductive tourism are still speculative, as little empirical research has yet to be undertaken. Yet even in the absence of empirical data, a policy debate is growing over the desirability of national and international legislation to restrict reproductive tourism. As Penning notes in The Journal of Medical Ethics, «The more widespread this phenomenon, the louder the call for international measures to stop these movements.»

Most of the extant literature on reproductive tourism focuses on the West, particularly upon border-crossing between European Union nations.5 Little is known about reproductive tourism outside of Euro-America, or about the forces that motivate infertile persons to undertake international travel in their «quests for conception».6 Only through in-depth ethnoarchaeological analysis of the actual stories, desires, and migratory pathways of reproductive tourists themselves may scholars begin to shed light on the complex calculus of factors governing this global movement of reproductive actors.

This chapter examines the theoretical interplay between forces of globalization and reproductive tourism in the Middle East.7 It will begin with Arjun Appadurai’s theory of global «scapes,» which is highly relevant and useful in thinking about the global landscape in which assisted reproductive technologies (ARTs) are being rapidly deployed. However, Appadurai’s work needs to be «engendered» and expanded to include the complex «reproscape» in which the multiple «flows» of reproductive tourism occur.

In the global reproscape, issues of bodily commodification are paramount, given that reproductive tourism may be undertaken explicitly to procure human gametes, both sperm and eggs, which are disassociated from men’s and women’s bodies and increasingly sold on the open market. Furthermore, the language of reproductive «tourism» itself comes into question when the subjectivities of reproductive travelers themselves are taken into consideration. In short, a whole new vocabulary is needed to represent the global flows and scapes surrounding ARTs in the new millennium.

The second half of the chapter turns to the author’s empirical work on reproductive tourism in the Muslim Middle East, based on ethnographic research carried out there over the past 20 years, but particularly since the year 2003.8 As will be argued, reproductive «tourism» in the Middle East is inflected by local moral attitudes toward science, technology, and

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6 Marcia C. Inhorn, Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions (Philadelphia: University of Pennsylvania Press, 1994).


8 This article is based on long-term ethnographic fieldwork conducted in multiple Middle Eastern countries, including Egypt, Lebanon, United Arab Emirates and Iran as well as «Arab Detroit»: It represents nearly 600 Middle Eastern couples (primarily from Egypt, Lebanon, Syria, Palestine, the United Arab Emirates, Iraq, and Yemen). This article is based primarily on my two most recent studies, one on male infertility carried out in Beirut, Lebanon in 2003, and the other on reproductive tourism carried out in the United Arab Emirates in 2007. In addition, fieldwork among infertile Arab Americans took place from 2003 to 2005 and 2007 to 2008.
Globalization and Reproductive Tourism: Theorizing Reproscapes

Globalization can be understood, in a most basic sense, as the ever faster and ever denser streams of people, images, consumer goods, money markets, and communication networks around the world. Anthopologists have contributed significantly to theorizing the nature of these global flows and to providing numerous ethnographic examples of the "local," or the reception of things "global" at various "local" levels.

One of the major anthropological theorists of globalization, Arjun Appadurai, has delineated a "global cultural economy" in which global movements operate through five pathways, which he famously calls "scapes." According to Appadurai, globalization is characterized by the movement of people (ethnoscapes), technology (technoscapes), money (financescapes), images (mediascapes), and ideas (ideoscapes), which now follow increasingly complex trajectories, moving at different speeds across the globe. Appadurai reminds us that this transnational movement of people, goods, and ideas is both a deeply historical and inherently localizing process. In other words, globalization is not enacted in a uniform manner around the world, nor is it simply culturally homogenizing in its effects.

The phenomenon of reproductive tourism clearly involves two of Appadurai's five scapes—namely, ethnoscapes and technoscapes. Ethnoscapes, according to Appadurai, involve the landscape of persons who constitute the shifting world in which we live: tourists, immigrants, refugees, exiles, guest workers, and other moving groups and individuals. Technoscapes involve the global configuration, also ever fluid, of technology and the fact that technology, both high and low, both mechanical and informational, now moves at high speeds across various kinds of previously imprecise boundaries.

However, a consideration of reproductive tourism has the potential to expand upon Appadurai's theory of globalization. Despite the heuristic appeal of five discrete global scapes, one scape of significant medical anthropological interest—namely, the bioscape of moving biological substances and body parts—might be added to Appadurai's list. Using Appadurai's language of "scapes," reproductive tourism might be productively thought of as a more complex reproscape—a kind of "meta-scape" combining numerous dimensions of globalization and global flows. To wit, reproductive tourism occurs in a new world order characterized not only by circulating reproductive technologies (technoscapes), but...
also by circulating reproductive actors (ethnoscapes) and their gamees (bioscapes), leading to a large-scale global industry (financescapes), in which images (mediascapes) and ideas (ideoscapes) about making lovely babies while on holiday come into play. This represcape entails a distinct geography traversed by global flows of reproductive actors, technologies, body parts, money, and reproductive imaginaries (e.g., the birth of "miracle" babies).

Furthermore, this represcape is highly gendered, with technologies enacted on men's and women's bodies in differentiated ways. Gender was never the focus of Appadurai's original work on globalization. Yet the ethnoscape of moving peoples, the technoscapes of moving technologies, the bioscape of moving body parts, and the ideoscapes of moving procreative scenarios are, indeed, highly gendered, and this is a feature of globalization that must be analyzed. Reproescapes also entail new forms of reproductive labor among reproductive "assistors," who in many cases are women and who undergo risky forms of hormonal stimulation and oocyte (egg) harvesting. However, reproductive assistance also has the potential to create kin-like female alliances, between actual kin who donate their oocytes to relatives as well as between unrelated women who share their oocytes with other women in infertility clinics or donate them for a fee. Oocyte donation in particular invokes the notion of altruistic "gift exchange" between women, even though oocytes are increasingly sold on the reproductive marketplace for up to $50,000, especially for "Ivy League" oocytes of presumed superior intelligence and other ineffable qualities. Indeed, the very language of reproductive assistance is called into question when assistance comes at such a high cost.

In addition, using the language of reproductive tourism to define this field of global flows is a bit of a misnomer. It is important to note that, in some countries, "clinics that cater to fertility tourists appear to welcome the development of new markets and have undertaken to market their services so as to create a fantasy of conceiving a child during a romantic holiday." But is overseas test-tube baby-making a holiday? In his excellent theoretical analysis of reproductive tourism, legal theorist Richard Sorrow (2005) questions the trope of "tourism" as an appropriate gloss for fertility travel. As he notes, tourism is a type of travel that involves leisure, pleasure, and free time. Fertility tourism, on the other hand, is quite a different story:

"Fertility tourism occurs when infertile individuals or couples travel abroad for the purposes of obtaining medical treatment for their infertility. Fertility tourism may also occur in the reverse, when the infertile import the third parties necessary for their fertility treatment. These definitions of fertility tourism are, on the one hand, difficult to harmonize with the idea of tourism as pleasure travel, particularly given that some infertile individuals describe their condition as devastatingly painful and their effort to relieve it as requiring enormous physical and emotional exertion."18

More neutral terms, such as reproductive travel or cross-border reproductive care (CBRC), are beginning to enter the clinical lexicon.19 However, the use of the term reproductive exile more accurately captures the feelings and experiences of many infertile couples who feel "forced" to travel to seek ART assistance across borders. Indeed, the term "tourism" must be avoided, for it can never fully capture the stories of travel and hardship experienced by the infertile in their border-crossings. The term "tourism" will be dispensed with for the remainder of this chapter.

Moreover, the notion of stratified reproduction, introduced by Shellee Colen in medical anthropologists Faye Ginsburg and Rayna Rapp's seminal volume Conceiving the New World Order (1995), comes into play.20 Stratified reproduction evokes transnational inequalities whereby some well-to-do infertile couples are able to achieve their reproductive desires, including through resort to reproductive technologies and reproductive travel, while others infertile couples of lesser means are disempowered and even despised as reproducers. Only 48 of the 191 member states of the

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15 The term "Ivy League" connotes the most prestigious universities in the United States, including the "triumvirate" of Harvard, Yale, and Princeton. Affluent couples often place advertisements seeking the services of egg donors who are "Ivy League" college students—and thus presumed to be particularly intelligent.


18 Ibid., p. 300.
19 Inhorn & Patrizio, "Rethinking Reproductive Tourism", op. cit. (note 16).
World Health Organization offer ARTs to their citizens, with less than one percent of the projected needs for ARTs met in some of the largest countries of the world (China, India, Pakistan, Indonesia). In these countries, the average cost of one cycle of IVF exceeds the average income of half the population, making ARTs easily affordable only for elites.\textsuperscript{21} In other words, the global «reproscape» in which reproductive tourism takes place is an uneven terrain in that some individuals, some communities, and some nations have achieved greater access to the fruits of reproductive globalization than others. The term «stratified reproscape» might be added to the lexicon to describe the uneveness of ART access around the world.\textsuperscript{22}

In my earlier studies of in vitro fertilization in Egypt, which were characterized as a \textit{quest for conception},\textsuperscript{23} I examined numerous local barriers to ART access, calling these \textit{arenas of constraints}, meaning the structural, ideological, social relational, and practical obstacles and apprehensions that constrain and sometimes prohibit altogether the uses of ARTs.\textsuperscript{24} More than a decade later, little is known about the various arenas of constraint that face infertile couples in their \textit{transnational quests for conception}.

However, one of the major prohibitions cited by legal scholars who have written about reproductive tourism are prohibitions on access to human gametes.\textsuperscript{25} Several Western nations, including Germany, Italy, Norway, Canada, and Great Britain, have enacted strict legislation prohibiting some or all forms of gamete donation, especially anonymous gamete donation, as well as gestational surrogacy. Such restrictions have triggered European fertility tourism on a massive scale, mostly of infertile Western Europeans to the post-Soviet bloc of Eastern Europe such as Russia, Slovenia, or Romania. There, clinics can «employ the Internet to attract fertility tourists with promises of cut-rate in vitro fertilization, high success rates, liberal reproductive policies and little administrative oversight.»\textsuperscript{26}

Furthermore, young women in these countries may comprise a vulnerable population of egg donors, who are compelled out of economic necessity to sell their ova in the local reproductive marketplace.\textsuperscript{27} Given the newly recognized category of the «traveling foreign egg donor» who seeks economic mobility through the sale of her body parts,\textsuperscript{28} Storrow points to the parallels between unregulated fertility tourism and sex tourism, as young women in the economically deteriorated postcommunist societies discover that prostitution and egg donation offer economic rewards. As Storrow argues, «egg donation, like prostitution, will be especially attractive in regions of the world where large numbers of women with few choices want to improve their economic circumstances by any means available.»\textsuperscript{29}

Indeed, «bodily commodification» - the selling of gametes and other body parts for the purposes of reproduction and medical research - has become one of the major areas of study in both medical anthropology and science and technology studies.\textsuperscript{30} Bodily penetration, fragmentation, and commodification are clearly operative in the world of assisted reproduction, a world that has evolved dramatically since the birth of Louise Brown, the world's first «test-tube baby,» in 1978. Since then, the invention of in vitro fertilization (IVF) to overcome female infertility has paved the way for:

\begin{itemize}
  \item \textsuperscript{27} Ibid.
  \item \textsuperscript{29} Storrow, «Quest for Conception», op. cit. (note 5), p. 307.
\end{itemize}
1. intracytoplasmic injection (ICSI) to overcome male infertility;
2. third-party gamete donation (of eggs, sperm, embryos, and uteruses, as in surrogacy) to overcome absolute sterility;
3. multifetal pregnancy reduction to selectively abort high-order IVF pregnancies;
4. ooplasm transfer (OT) to improve egg quality in perimenopausal women;
5. cryopreservation, storage, and disposal of unused gametes and embryos;
6. preimplantation genetic diagnosis (PGD) to select against embryos with genetic defects and to select for embryos of a specific sex;
7. embryonic stem cell research on unused embryos for the purposes of therapeutic intervention; and
8. the future possibility of asexual autonomous reproduction through human cloning.

With virtually all of these technologies, sperm and eggs are retrieved from bodies, 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. As noted earlier, ARTs exact a significant physical toll on the body, especially for women as both recipients of ARTs and as oocyte donors. Furthermore, despite the existence of national and international statements opposing the commercialization of ART services, significant commodification has occurred as gametes and embryos are increasingly sold on the open market through Internet websites and college newspapers (with such advertisements as «Sperm Donors Needed – We Will Pay!»). In her article on «Reproductive Tourism in Europe», Ruth Deech questions the human rights implications of the documented massive transfer within the European Union of sperm, eggs, and embryos passed from country to country in search of one that permits the desired treatment or allows the chosen gametes to be used.

The Middle East is different from the EU countries in terms of its attitudes toward the commodification and bodily transfer of human gametes. In the Middle East, an ART industry is flourishing, with hundreds of IVF clinics in countries ranging from the small Arab Gulf states to the larger but less prosperous nations of North Africa. This florescence of a mostly private Middle Eastern ART 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 through epistemological, institutional, and cultural discursive practices. As noted by Lorfalian in his recent 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 — first, on the Islamic medieval sciences and, second, on philosophical arguments for civilizational differences between Islamic and Western science and technology. This dearth of relevant scholarship clearly applies to the cross-cultural study of ARTs. For example, in the second edition of the seminal volume on Third Party Assisted Conception Across Cultures: Social, Legal and Ethical Perspectives, not a single Muslim society is represented among the thirteen country case studies.

Clearly, the time has come to examine the globalization of ARTs in the diverse contexts of the Muslim world, particularly given the rapid development and deployment of these technologies. In addition to examining the ART technoscapes, it is equally important to examine the ethnoscapes of reproductive actors as they move across the Middle East. ARTs in the Middle East bespeak a complex reproscape of moving peoples, technologies, gametes, money, images, and ideas involving the pursuit of conception. Infertile couples are willing to participate in this Middle Eastern reproscape because of the love, commitment, and ardent desire for children that characterize most couples in the Middle East, but which are rarely emphasized in Western media discourses about the purposed violence, fanaticism, and cruelty of Arab men to women. As will be shown in the story of an infertile Syrian couple that follows, the romantic love and conjugal commitments between many infertile Muslim couples are fueling the IVF industry in the Middle East. Love, commitment, and the desire to become parents are also causing some couples to venture abroad in search of gametes.

The Middle Eastern Reproscape: Understanding Islamic Local Moral Worlds

What motivates infertile Middle Eastern couples to travel overseas in search of ARTs? Although there are a wide variety of motivating factors behind reproductive travel, anthropologists and other scholars studying ARTs in the Middle East have called attention to Islam and the so-called local moral worlds of Middle Eastern Muslim infertile couples. Indeed, nearly a dozen scholars are now participating in this scholarly endeavor.

Arthur Kleinman has called local moral worlds the commitments of social participants in a local world about what is at stake in everyday experience. Understanding the rapidly evolving moral-religious climate surrounding ARTs in the Muslim world is imperative. To do so requires examining fatawa, or non-legally binding but authoritative religious decrees, as well as the subsequent ethical and legal rulings that are being issued to enforce or, in some cases, overturn these fatawa rulings. However, understanding local moral worlds also involves asking what Muslim ART-seekers think about IVF and specifically donor technologies. When faced with the need for donor gametes to overcome infertility, what do

Muslim IVF patients do? Is the search for human gametes one of the major motivating factors for reproductive tourism in the Middle East, as suggested by the theoretical literature on this phenomenon? At this point, these questions provide compelling material for a study of what might be called »technoscience in practice.«

As explained in the forthcoming volume Islam and the Biotechnologies of Human Life, major divergences in Islamic juridical opinion between Sunni and Shia religious authorities have led to striking differences in the practice of ARTs, particularly with regard to the use of donor gametes. These differences in practice have led to new local moral worlds among Muslim IVF patients, as well as new transnational reproflows across Middle Eastern borders. The differences in the dominant Sunni position on ARTs will be briefly described before turning to Shia innovations that have had major moral and practical implications for Muslim couples in their quests for donor gametes.

Suni Islam and IVF

The Grand Sheikh of Egypt’s famed religious university, Al Azhar, issued the first fat\u015fwa on medically assisted reproduction on March 23, 1980. This initial fat\u015fwa – issued only two years after Louise Brown’s birth in England, but a full six years before the opening of Egypt’s first IVF center – has proved to be truly authoritative and enduring in all its main points. In fact, the basic tenets of the original Al-Azhar fat\u015fwa on IVF have been upheld by other fat\u015fwas issued since 1980 in Egypt, Saudi Arabia, Malaysia, and beyond, thereby achieving wide acceptance across the Sunni Muslim world.  

The Sunni Islamic position on assisted reproduction clearly permits in vitro fertilization using eggs from the wife with the sperm of her husband and the transfer of the fertilized embryos back to the uterus of the same wife. However, since marriage is a contract between the wife and husband during the span of their marriage, no third party should intrude into the marital functions of sex and procreation. This means that a third party donor is not acceptable, whether he or she is providing sperm, eggs, embryos, or a uterus (as in surrogacy). As not by Islamic legal 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.«  

As a result, 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 in 1997, a landmark five-point declaration included recommendations to prevent human cloning and to prohibit all situations in which a third party invades a marital relationship through the donation of reproductive material. Such a ban on third-party gamete donation is effectively in place in the Sunni world, which represents approximately 80–90% of the world’s 1.4 billion Muslims.

In interviews conducted by the author with hundreds of Sunni Muslim IVF patients, they agree completely with the religious prohibitions on gamete donation, arguing that gamete donation: 1) is tantamount to adultery, by virtue of introducing a third party into the sacred dyad of husband and wife; 2) creates the potential for future half-sibling incest, if the offspring of the same anonymous donor should happen to meet and marry; and 3) confuses kinship, paternity, descent, and inheritance in the emphatically patrilineal societies of the Muslim Middle East. According to them, preserving the »origins« of each child – meaning its relationship

45 Inhorn & Tremayne, »Islam and the Biotechnologies«, op. cit. (note 42).
47 Ibid., op. cit. (note 44).
48 Ibid., op. cit. (note 44).
to a known biological mother and father – is considered not only an ideal in Islam, but a moral imperative. For Muslim men in particular, ensuring paternity and the «purity» of lineage through «known fathers» is of paramount concern. The problem with third-party donation, therefore, is that it destroys a child’s nasab, or lineage, which is considered immoral in addition to being psychologically devastating. The child will be deemed illegitimate and stigmatized even in the eyes of its own parents, who will therefore lack the appropriate parental sentiments.50

This firm conviction that parenthood of a «donor child» is an impossibility is clearly linked to the legal and cultural prohibitions against adoption throughout the Sunni Muslim world.51 The original Al-Azhar fatwa prohibiting third-party gamete donation also prohibits the legal adoption of orphans, considering both of them to be haram (forbidden). As a result, few Sunni Muslim IVF patients will contemplate adopting an orphan, stating with conviction that it is «against the religion.» According to Arab men, an adopted child, like a donor child, »won’t be my son.«52

Shia Islam and IVF

Having said this, it is very important to point out how things have changed for Shia Muslims since the beginning of the new millennium. Shia is the minority branch of Islam with its epicenter in Iran. The countries of Iraq, Lebanon, and Bahrain are thought to have Shia majorities, and Shia minority populations are also found in Syria and the eastern coast of Saudi Arabia, which is an otherwise ardent Sunni Muslim country. Shia populations can also be found in the South Asian countries of Afghanistan, Pakistan, and India, where the Ismaili and Bora Shia communities form distinct subgroups.

Many Shia religious authorities support the majority Sunni view: namely, they agree that third-party donation should be strictly prohibited. Iraq’s Ayatollah al-Sistani, for example, opposes any form of third-party donation.53 However, in the late 1990s, the Supreme Leader of the Islamic Republic of Iran, Ayatollah Ali Hussein Khamenei, the chosen successor to Iran’s Ayatollah Khomeini, issued a fatwa effectively permitting donor technologies to be used under certain conditions.54 With regard to both egg and sperm donation, Ayatollah Khamenei’s statement that «both» the donor and the infertile parents must abide by the religious codes regarding parenting. However, the donor child can only inherit from the sperm or egg donor, as the infertile parents are considered to be like «adoptive» parents.

However, the situation for Shia Muslims is actually much more complicated than this. The Shia valorize a form of intellectual reasoning known as ijtehad, in which individual Shia religious leaders make judgments and issue opinions (fatwas) for their followers. Although Sunni Muslims also practice ijtehad, it is especially prominent among the Shia. As a result, various Shia religious authorities have come to different conclusions about sperm and egg donation.55 As a result, there are now major disagreements about:

1. whether third-party donation truly constitutes zina, or adultery, if no actual gaze or touch takes place with the gamete donor;
2. whether the child should receive the name of the infertile father or the sperm donor in cases of male infertility;
3. whether donation is permissible at all if the donors are anonymous;
4. whether the husband of an infertile woman needs to do a temporary mut’a marriage with the egg donor, then release her from the marriage

50 Inhorn, »He Won’t Be My Son«, op. cit. (note 40).
52 Inhorn, »He Won’t Be My Son«, op. cit. (note 40).
54 Morgan Clarke, »Shi‘ite Perspectives on Kinship and New Reproductive Technologies«, in: ISIM Newsletter 17 (2006), pp. 25–27; Clark, »Islam and New Kinship«, op. cit. (note 53); Inhorn & Tremayne, »Islam and the Biotechnologies«, op. cit. (note 42); Tremayne, »Law, Ethics, and Donor Technologies«, op. cit. (note 44).
immediately after the embryo transfer, in order to avoid zina, or adultery. Such mulla marriages are condoned in Shia, but condemned in Sunni Islam;
5. whether a Shia Muslim woman married to an infertile man can do a mulla marriage with a sperm donor, which would constitute an illegal state of polyandry.

In theory, only widowed or otherwise single women— who are not currently married—should be able to accept donor sperm, in order to avoid the implications of zina, or adultery. However, in the Muslim countries, single motherhood of a donor child is unlikely to become socially acceptable. Indeed, Iran has made sperm donation officially illegal, although surrogacy has been permitted and is now widely practiced. To get around this problem, some Iranian Shia women are temporarily divorcing their infertile husbands, temporarily marrying the sperm donors, ending the temporary marriage once the pregnancy is firmly established, and then remarrying their infertile husbands. As Tremayne notes, sperm donation in Iran does not necessarily make happy families, suggesting the need to think through the future well-being of both women and the children conceived in this manner.

Given these moral ambiguities and uncertainties, those married infertile Shia couples who are truly concerned about carrying out third-party donation according to religious guidelines find it difficult to meet these various requirements, particularly regarding sperm donation. Yet, having said that, in Iran and Lebanon at least some Shia couples are beginning to receive donor gametes, as well as donating their gametes to other infertile couples. In Iranian clinics that follow Ayatollah Khamenei’s lead, all manner of egg, sperm, and embryo donation, as well as surrogacy, continue to take place, with his fatwa prominently displayed as moral justification. Indeed, since the new millennium donor gametes are now being donated, shared, and even purchased by infertile couples in IVF clinics in Shia-

majority Iran and Lebanon, the only two countries in the Muslim world to allow this practice. For infertile Shia couples who accept the idea of donation, the introduction of donor technologies has been described as a marriage savior, helping to avoid the marital and psychological disputes that may arise if the couple’s case is otherwise untreatable.

Who is the source of these donor gametes? In the Lebanese IVF clinics in this study, some of the donors were other IVF patients (mostly Shia Muslims who accept the idea of donation), some were friends or relatives (including egg-donor sisters), and some were anonymous donors who provided their oocytes for a fee. In at least one clinic catering to a largely Shia clientele, some of these donors were young non-Muslim American women who travel from the Midwest to Lebanon for extra payment in order to anonymously donate their eggs to infertile Lebanese couples. Ironically, those most likely to receive these American eggs are conservative Shia couples, who accept the idea of donation because they follow the teachings of Ayatollah Khamenei in Iran. In Lebanon, it is not unusual for Shia recipients of American eggs to be members of or sympathizers with Lebanon’s Hezbollah political party, which is officially described by the U.S. administration as a terrorist organization.

Furthermore, quite interestingly, in multi-sectarian Lebanon the recipients of these donor eggs are not necessarily only Shia Muslim couples. Some Sunni Muslim patients from Lebanon and from other Middle Eastern Muslim countries such as Egypt and Syria are quietly slipping across transnational borders to save their marriages through the use of donor gametes, thereby secretly going against the dictates of Sunni Muslim orthodoxy. That such reproductive travel is done in secrecy—usually under the guise of a holiday in Beirut—is quite important, given the moral condemnation of gamete donation in the Sunni Muslim countries. Although such Sunni Muslim gamete seekers may have made peace with their own

57 Tremayne, «Law, Ethics, and Donor Technologies», op. cit. (note 44).
59 Inhorn, Patrizio & Serour, «Third-party Reproductive Assistance around the Mediterranean», op. cit. (note 46).
60 This Shia-serving clinic was run by a transnational Lebanese Shia Muslim physician, who operated several clinics in the US and the Middle East and was able to recruit egg donors from the US to travel to Lebanon. Because of the difficulty of recruiting egg donors within Lebanon, there is a «demand» there for «American eggs». American donors are also presumed to be «white», and most Lebanese infertile couples do not want to bear a «black» donor child that will not resemble them.
moral decisions to use donor technologies, they often remain extremely concerned about maintaining anonymity and confidentiality, in order to avoid moral censure of themselves and their future donor offspring. The story of Hatem and Huda, a long-term infertile Muslim couple, bespeaks the complexities within the Middle Eastern reproscope.

The Story of Hatem and Huda’s Secret Egg Quest

Hatem and Huda were patients in a hospital-based IVF clinic in Beirut, which catered to all of the religious sects found in multi-sectarian Lebanon. However, Hatem and Huda were not Lebanese, having traveled from rural Syria to Beirut in order to undergo a cycle of IVF. Like most Syrian reproductive travelers to Lebanon Hatem was convinced that Lebanese IVF clinics were superior to the fledgling clinics in neighboring Syria, a Middle Eastern nation-state that has long been isolated from, and even sanctioned by, the West. Thus, he had been bringing his wife to Beirut for IVF since 1997. Hatem had another reason for bringing Huda to Lebanon: there, they could access donor eggs, which were unavailable in the Sunni-dominant country of Syria, where third-party gamete donation is strictly prohibited.

Double first cousins married for 17 years, Hatem and Huda clearly loved each other, despite the perplexing dilemma of her premature ovarian failure. Although Huda was only 36 at the time, she had entered menopause in her twenties and required hormonal stimulation followed by IVF in order to achieve a pregnancy. After five unsuccessful trials of IVF, the IVF physicians in Beirut recommended egg donation as the most likely successful option. As Sunni Muslims, Hatem and Huda knew that egg donation was forbidden in the religion. Yet, as Hatem explained, they rationalized their use of donor eggs in a previous IVF cycle in the following way,

“As long as the donor agrees, then this would reduce the haram [forbiddenness] based on our religion. Because she, the donor, is in need of money, she gave

nine to ten eggs, and the doctor divided the eggs between that couple and us. We took five, and that couple, who were recently married, took five. And I personally entered into the lab to make sure that my sperm were being used. It’s okay because it’s my sperm.”

Indeed, Huda became pregnant with donor twins, a male and a female, in 1999. At six months and seventeen days of pregnancy, she began to miscarry, and Hatem rushed her to a hospital in Syria. As Hatem recounts,

“They opened her stomach [by cesarean], and there were twins, who still lived for 48 hours. They had lung deficiency because they were little and not fully developed. The girl died twelve hours before the boy.”

After this traumatic experience, Huda could no longer accept the idea of egg donation, although Hatem persisted in his search. According to Hatem, who spoke for Huda as she sat quietly in the room,

“She was tortured [during the pregnancy]. She stayed four months vomiting whatever she ate, and she lost weight – from 88 kilograms to 55 kilograms. And she was under a lot of stress because of our social environment in Syria. In our [farming] community, they stare at babies and see if they resemble the mother and father. We are not living in a city of 4–5 million. We are in a closed community of 15,000 people. And so, the first time, when we had twins, they [the hospital] did a blood test and everyone [in the family] was surprised. Their blood group was AB, and it didn’t match ours.62 Now everyone will really examine the personal traits of this [donor] baby if we do it again. They will look at us suspiciously. Not the doctors; they keep everything confidential. But people in the community who might come to visit and look at us curiously.”

For his part, Hatem is willing to accept donor eggs again and has already made inquiries about finding a willing Shia Muslim egg donor in Syria. On the day of his interview, he also spoke about the possibility of finding a willing donor within the Beirut IVF clinic. Hatem saw no other way to achieve parenthood, given that he loves his wife and refuses to divorce her. Although Hatem is an affluent farmer from a large family of twenty children (by one father and three co-wives), he continues to resist all forms of social pressure to divorce or marry polygynously. His commitment, he says, is based on his deep love for Huda. As he said,

62 The twins needed a blood transfusion, which is why a blood test was performed and a familial blood donor was sought.
»Had I not loved her, I wouldn’t have waited for seventeen years. I would have
married another. By religious law, I can remarry, but I don’t want to. She told me I
should marry another woman, and she even offered or suggested that she would
get me engaged, because we’re already old. We’ve reached middle age without
kids. We’re living in a large family with six of my brothers, and they all have
children. That’s why she’s feeling very depressed and very angry that she’s alone
without children, although she’s always surrounded by children. But, of course,
she keeps these feelings to herself.
The love between us — I love her a lot. I was the one who considered going for
IVF, for her sake. But we must keep it secret, because if my parents knew about us
having an IVF child, the child would be marginalized and living a lonely life. So
we keep everything secret, and we just mention to our families that she’s receiving
treatment."63

As in so many IVF stories, Huda and Hatem were ultimately unsuccessful
in their seventh attempted IVF cycle. Huda’s own eggs failed to mature
under hormonal stimulation, and no egg donors were currently available
at the clinic. Thus, Hatem and Huda returned home quietly to Syria, with
little remaining hope of achieving parenthood, but with the love that had
kept them together for nearly twenty years.

Conclusion

The arrival of donor technologies in both Lebanon and Iran — the only two
Middle Eastern countries to offer these services at the present time — has
led to a brave new world of reproductive possibility never imagined when
ARTs were first introduced there nearly 25 years ago. These technologies
have engendered significant medical transnationalism and reproductive
tourism; the mixing of gametes across national, ethnic, racial, and religious
lines; and the birth of hundreds of donor babies to devout infertile Muslim
couples. For their part, at least some infertile Muslim couples, both
Shia and Sunni, have begun to reconsider traditional notions of misab, or
the meaning of biological lineage, even if »social parenthood« of a donor
child is still not widely embraced in the Middle Eastern Muslim world.64

Nonetheless, because donor technologies are now widely available in both
Iran and Lebanon, the power of the Sunni Muslim ban on third-party
donation is being weakened across the region, with some infertile Sunni
Muslim couples such as Hatem and Huda reconsidering their own anti-
donation moral stances. As a result of these social processes, Shia gametes are
finding their ways into Sunni bodies, despite the current regional ten-
sions between these branches of Islam. Indeed, in the new millennium,
hundreds — perhaps even thousands — of infertile Sunni Muslim couples
are traveling abroad in search of such Shia donor gametes.

As suggested by the Middle Eastern retrospective, reproductive travel is
a growing global phenomenon,65 one that is taking place well beyond the
boundaries of the Euro-American nations. In the Middle East as else-
where, anthropologists are exceptionally well positioned to gather im-
portant ethnographic information from reproductive travelers themselves,
thereby understanding the motivations that compel them to seek ARTs
outside their own countries. In doing so, our discipline can serve to hu-
manize the legal and policy discourses on this subject, and to shed light on
both the macro- and micro-level dynamics of the global reproscape, which
is still shrouded in mystery.

The author’s own multi-sited ethnographic investigation of the Middle
Eastern reproscape has begun to uncover the motivations of a diverse set of
infertile men and women as they travel to and from ART sites within the
region and beyond. Indeed, global travel is part and parcel of the modern-
day quest for conception among Middle Eastern Muslim couples. The
deployment of the most high-tech forms of assisted reproduction is a facet
of Middle Eastern modernity that is rarely emphasized in either the sparse
literature on Islamic technoscience66 or in Western polemics on the »back-

63 At the time of the study, IVF was relatively new to Syria compared to Lebanon. As
I have shown for Egypt, IVF was very stigmatizing when it was first introduced to
Egypt. Egyptians did not understand how »test-tube babies« were being made, and
so they assumed that donor gametes were being used to produce »mixed« offspring.
Infertile Egyptian couples were extremely secretive about undertaking IVF, which had
a technological stigma. Over time, there has been some degree of normalization
in parts of the Middle East where IVF has become better known to the public. See
Inhorn, »Local Babies, Global Science«, op. cit. (note 10).

64 Inhorn, »He Won’t Be My Son«, op. cit. (note 40).
65 Blyth & Farrand, »Reproductive Tourism — A Price Worth Paying?«, op. cit. (note 3);
Deech, »Reproductive Tourism in Europe«, op. cit. (note 3); Penning, »Reproductive
Tourism«, op. cit. (note 1).
66 Lotfallian, »Islam«, op. cit. (note 37).
wardness" of the region. Moreover, such modernity is being supported by Islamic juridical and bioethical discourses, which are being used to justify some forms of technological assistance while limiting others. Islamic bioethics have caught the attention of a new generation of Middle Eastern Studies scholars, who in recent years have compiled four edited volumes on this subject. In short, although the Middle East is rarely regarded in this way, it is a key site for understanding the intersection of technoscience, religious morality, and modernity, all of which are deeply implicated in the Middle Eastern reprodoscape.

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68 Inhorn & Tremayne, "Islam and the Biotechnologies", op. cit. (note 42).