

Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions

By Marcia C. Inhorn. University of Pennsylvania Press, 1994.

Infertility is normally thought to be a problem for the rich, Western world, overpopulation the problem of the poor, Third World. But is this dichotomy built on empirical facts or on racial prejudices? Available statistics surprisingly reveal an infertility belt from the Sudan and across Africa, where the problem in certain countries is extremely widespread. This and the AIDS epidemic threaten, according to Marcia Inhorn, to depopulate large areas. In Egypt, official statistics show the infertility rate to be 8%, a number Inhorn regards as unrealistically low, but still it is eight times the number in Korea and Thailand. Despite such high figures, the focus in Egypt is only on hypofertility and family planning. Even so, the population is still increasing due, says Inhorn, to politicians' and health personnels' ignorance of the dialectic between fertility and infertility. Inhorn goes a long way toward exposing the "overpopulation problem" as a myth. She takes as her starting point the U.N. declaration of human rights, which asserts the right of all individuals to found a family, and transfers the focus to childless Egyptians, which she claims is a muted group.

Quest for Conception is the first comprehensive account of infertility in the Third World and represents a breakthrough in medical anthropology. Because this topic is highly gendered, the book also makes an important contribution to gender studies. Her 100 childless informants from Alexandria are all poor Muslim women, and *Quest for Conception* can be read both as a study of poverty and of female Islamic practice.

Inhorn analyzes the extent of infertility, its causes and existing forms of treatment (both ethno- and biomedical), and potential reforms. Her material is based on childless women's medical life stories—which often contain an astonishing variety of treatments. In addition, she has followed them through 15 months of desperate search for children (1988–89). In all this time, only one (!) succeeded in giving birth. The others presumably are continuing their restless search for the child they need in order to realize their one and only career—motherhood. The women's own experiences and emotional reactions, their subjective understanding of causes and different methods of treatment, and their strategies are central to Inhorn's very humane ethnography. But this micromaterial is continuously

discussed in the perspective of macro-processes, and she offers new insights into several aspects important for Egyptian society as a whole.

She points to connections between economically dependent processes of urbanization, the disappearance of female productive roles and women's consequent obesity, and male labor migration, which contributes to the spread of sexually transmitted diseases. Both obesity and sexual diseases are significant factors in infertility. Others, according to Inhorn, are female circumcision and the low quality of both ethno- and biomedical treatments. Both cause frequent infections in women and thus increase the risk of infertility. She claims that female circumcision has been given too much attention already, and this is probably the reason why she does not treat this subject directly. But since she herself claims it as an important factor, this seems to represent a minor inconsistency in her approach. The development of the medical establishment is, however, thoroughly described. In a short but interesting survey of medicine from the time of the Pharaohs up to the present, she sketches the background for the existing pluralistic medical ideology and practice. Many of today's problems she attributes to the British, who reversed the medical reforms of Muhammad Ali from the nineteenth century and founded a biomedical system oriented toward British, not Egyptian, needs. This system was based on traditionalism and competition and had no integrated mechanism for quality control. Ethnomedicine was excluded and left to its own development. Later reforms have not managed to get rid of these colonial characteristics. The result today is malpractice to such a degree that infertility treatment in itself carries an increasing health risk for women.

Biomedicine seems on the surface to have a hegemonic position in Egypt, but Inhorn's informants reveal a rich and complex ethnomedical world, complete with its own theories of causation—*kabsa*: ritual pollution; *'amal*: magic; *khadd*: shock; *akhawat taht il-ard*: angry subterranean sisters and brothers. Demonic possession is, however, not included, although it is often (too often according to Inhorn) given as a reason for infertility.¹ These different theories are put forward by different types of ethnogynecologists, who prescribe widely different therapies, some of which might put women's fertility at risk. This rich and detailed ethnographical overview of both ethno- and biomedicine gives an absorbing picture of these poor women's universe, their understanding of Islam and their religious practice, their concept of gender and of the body. As Carol Delaney² reports from Turkish villagers, these women and their families believe in a theory of monogenesis, i.e., that the men alone create the child. In spite of this, the women and their significant others mainly blame the woman when the quest for conception fails. This, added to a strong belief in a God who wants people to struggle to improve their lot, throws these women into a desperate pursuit of fertility.

Quest for Conception is built on a thorough ethnography. This has for a long time been a characteristic of Middle Eastern gender studies. But in contrast with the trend of the eighties, which Lila Abu-Lughod³ has characterized as stereotypical and unexciting theoretically, Inhorn's book (among others) seems to point to a new and more promising development. She combines a sophisticated analysis of power and resistance with such concepts as meaning and experience, and she rejects the narrow horizon of epidemiology, arguing in favor of a broad contextualization both in time and space, with interesting results. Inhorn shows an impressive knowledge of relevant literature, and throughout the book she takes full notice of the work of other scholars. What I do miss, however, is a dis-

cussion of the proposition of "the increasing poverty of the poor." This is a proposition which, like "the myth of overpopulation," is continuously repeated, but which Unni Wikan⁴ has questioned. One important point for Wikan is the fact that the poor now tend to own more consumer goods, i.e., they are controlling larger economic resources than previously. Inhorn's informants are, for example, spending large amounts on treatment. Would they have been able to do so 30 years ago? Now they sell the refrigerator to pay the doctor. But in the sixties, did they then have a refrigerator to sell? In a book as highly critical of "myths" as this one, Wikan's work could have been the basis for further stimulating inquiry.

Inhorn's main point is that in order to understand patterns of fertility, one has to take into account people's local understanding of infertility. This point is convincingly argued. Her dissection of the myth of overpopulation in Egypt is especially interesting because one is forced to rethink long accepted propositions. But as for her conclusion, I remain unconvinced. Two of Inhorn's are as follows:

1. Resources: Tim Mitchell⁵ has shown that the lack of sufficient food in Egypt was not due to overpopulation but was caused by inefficient use of arable land (for grazing and meat production).

2. The native point of view: Poor people want and need children, and they experience family planning campaigns as just another governmental interference which they want to resist. Thus the "myth of overpopulation" is a discourse generated outside their world. But is this really enough to reject Egypt's population problem as a myth? According to my knowledge of lower middle class Copts in Cairo, they are very much concerned about Egypt being overpopulated. Unni Wikan, who has been following a group of poor people in Cairo for the last 25 years, claims that they too are struggling to avoid too many births (personal communication). In other words, the "myth of overpopulation" is at least for some Egyptians part of a very concrete and burdensome reality. An important aspect of the situation, which Inhorn does not mention, is the very unjust allocation of resources globally (north/south) and locally in Egypt (across classes). To change this structural injustice, there has to be a worldwide revolution. But even if this were to happen, is not the earth's capacity nevertheless limited? Besides, within today's Egypt, would more efficient use of arable land be sufficient to provide adequate levels of housing, education, transport, and health services?

Whether it is a human right to have children is another debate Inhorn does not explore. She seems to take it for granted that the declaration of the right of everyone to found a family means the right of infertile couples to be helped to conceive. However, this statement could just as likely be interpreted as a prohibition of measures which prevent the right of fertile couples to conceive (for example, through state-enforced sterilization). By accepting Inhorn's interpretation, one is confronted with a host of complicated issues: Should it be a priority of a public health care system to develop reproductive knowledge and technology? As the funding is limited, might not this highly expensive medical specialty prevent other important health issues from being dealt with? Is infertility really the most pressing need at the moment?

Inhorn's study raises important questions which need further study. For whom is overpopulation a myth, and for whom does it represent a true problem, and why? How is infertility experienced by nonpoor women who might more freely choose alternative careers? Among Copts, infertility is not a legal cause for divorce: Does this have any consequences for their experience of infertility?

Inhorn's book is interesting and thought-provoking. Part of her argument remains unconvincing, but her main point about the necessity to understand the logic of infertility in order to understand the pattern of fertility is well argued. With this study Inhorn breaks new ground, and it is to be hoped that other scholars will follow up on the questions she leaves unanswered.

Notes:

1. See Janice Boddy, *Wombs and Alien Spirits: Women, Men, and the Zar Cult in Northern Sudan* (Madison: University of Wisconsin Press, 1989); Vincent Crapanzano, *The Hamadsha: A Study in Moroccan Ethnopsychiatry* (Berkeley: University of California Press, 1973); Soheir Morsy, *Gender, Sickness & Healing in Rural Egypt: Ethnography in Historical Context* (Boulder, Co: Westview Press, 1993).
2. Carol Delaney, "Seeds of Honour, Fields of Shame," in Gilmore (ed.) *Honour and Shame and the Unity of the Mediterranean*, a special publication of The American Anthropological Association, No. 22 (1987).
3. Lila Abu-Lughod, "Zones of Theory in the Anthropology of the Arab World," *Annual Review of Anthropology* 18 (1989): 267-306.
4. Unni Wikan, "Living Conditions among Cairo's Poor—A View from Below," *The Middle East Journal* vol. 39 (1985).
5. Tim Mitchell, "America's Egypt: Discourse on the Development Industry," *Middle East Report* 21, no. 2 (1991): 18-36.

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