

Islam, IVF and Everyday Life in the Middle East

The Making of Sunni versus Shi'ite Test-Tube Babies

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Abstract: In vitro fertilisation and even newer assisted reproductive technologies are part of everyday life in the contemporary Middle East. There, IVF is practised according to local Islamic norms, which have been reinforced by *fatwas* from leading religious authorities. As this article will show, ideological differences between dominant Sunni and minority Shi'ite forms of Islam are currently shaping the practices of test-tube baby-making in the Muslim world, particularly regarding the use of third-party gamete donation and new technologies to overcome male infertility. Such divergences have led to gender transformations within infertile marriages in the Muslim Middle East, with potentially profound implications for women's marital security and family formation.

Keywords: *fatwas*, gender relations, in vitro fertilisation, Shi'a and Sunni, test-tube, third-party gamete donation

Introduction

Since the birth in 1978 of Louise Brown, the world's first test-tube baby, in vitro fertilisation (IVF) has spread around the globe, reaching countries far from the technology-producing nations of Euro-America (Inhorn and van Balen 2002). Perhaps nowhere is this globalisation process more evident than in the Muslim world, where hundreds of IVF centres now cater to the world's 1.3 billion Muslims. In the Middle East, the IVF industry is flourishing, with clinics found in most major cities. In Egypt, for example, sixty IVF clinics cater to a population of approximately 70 million people, while in tiny Lebanon (population less than 5 million), more than fifteen IVF centres are found, one of the highest per-capita concentrations in the world. In other words, although IVF is neither well studied nor privileged in the anthropology of the Middle East, it is, in fact, a burgeoning part of everyday Muslim life at the start of the new millennium.



Literally thousands of infertile couples from Morocco to Iran are resorting to these new reproductive technologies in order to bear cherished offspring.

Over the past twenty years, my own anthropological research has been devoted to the study of global infertility and the globalisation of these new reproductive technologies. I have conducted all of my studies in the Muslim world, particularly in the Muslim Middle East, where IVF is practised according to local religious norms. In this article, I intend to show how Islam affects the practice of IVF and how ideological differences between dominant Sunni and minority Shi'ite forms of Islam are shaping policies towards test-tube baby-making in Muslim communities throughout the world.

The growing importance of IVF in the Middle East has become apparent to me during medical anthropological research carried out in Alexandria and Cairo (Egypt), Beirut (Lebanon) and, most recently, Dearborn, Michigan, the heart of an ethnic Arab enclave with the largest population of Arabs in North America (Abraham and Shryock 2000). Furthermore, I have witnessed three distinct time periods in the growth of the Middle Eastern IVF industry: (1) in 1988–9, when IVF was new to the Middle East, with the first centres having opened in 1986; (2) in 1996, which could rightly be called the IVF 'boom period' in this region; and (3) in 2003, when I began to carry out an ongoing study of male infertility and new forms of IVF intended to overcome it. In each case, I have conducted qualitative, ethnographic interviews with Muslim IVF patients, both husbands and wives, now totalling nearly five hundred patient couples. The results of my research in Egypt have been published in a recent book, *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt* (Inhorn 2003a). Furthermore, my current research on male infertility has included both Sunni and Shi'ite Muslim IVF patients from a variety of Middle Eastern countries (Lebanon, Syria, Palestine, Iraq, Yemen) (Inhorn 2003b, 2004a, 2004b).

Sunni Islam and IVF

Given the focus of this article on religious attitudes towards IVF, it is useful to begin with Sunni Islam, which is the dominant form of Islam found throughout the Muslim world. Nearly 90 per cent of the world's Muslims are Sunni Muslims, with the strictest form of Sunni Islam emanating from Saudi Arabia. In Egypt, where I have done most of my research, more than 90 per cent are fairly conservative Sunni Muslims.

Infertile Egyptian couples are usually extremely concerned about making their test-tube babies in the correct Islamic fashion. To that end, they seek out the 'official' Islamic opinion on the practice of IVF in the form of a *fatwa*, a non-binding yet authoritative religious proclamation issued by an esteemed religious scholar. In recent years, many such *fatwas* on a wide variety of reproductive health issues have been issued in Egypt and other Muslim countries.

With regard to IVF specifically, the Grand Sheikh of Egypt's famed Al Azhar University issued on 23 March 1980 the first *fatwa* on medically assisted reproduction. This initial *fatwa* – issued 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 centre – has proved to be truly authoritative and enduring in all of its main points. In fact, the basic tenets of the original Al Azhar *fatwa* on IVF have been upheld by other *fatwas* issued since 1980 in Egypt, Saudi Arabia and other Muslim countries, and have achieved widespread acceptance throughout the Sunni Muslim world (Serour 1996; Serour and Dickens 2001).

The main points of the Sunni Islamic position on medically assisted conception are the following. First, artificial insemination with the husband's semen is allowed, and the resulting child is the legal offspring of the couple.

Second, in vitro fertilisation of an egg from the wife with the sperm of her husband and the transfer of the fertilised egg back to the uterus of the wife is allowed, provided that the procedure is indicated for a medical reason and is carried out by an expert physician.

Third, since marriage is a contract between the wife and husband during the span of their lives, 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. The use of a third party is tantamount to *zina* (adultery).

Fourth, adoption of a child from an illegitimate form of medically assisted conception is not allowed. A child resulting from a forbidden method belongs to the mother who delivered him or her, and he or she is considered to be a *laqith*, that is, an illegitimate child.

Fifth, if the marriage contract has come to an end because of divorce or death of the husband, medically assisted conception cannot be performed on the ex-wife even if the sperm comes from the former husband.

Sixth, an excess number of embryos can be preserved by cryopreservation. The frozen embryos are the property of the couple alone and may be transferred to the same wife in a successive cycle, but only during the duration of the marriage contract.

Seventh, multi-foetal pregnancy reduction (i.e. selective abortion) is allowed only if the prospect of carrying the pregnancy to viability is very small. It is also allowed if the health or life of the mother is in jeopardy.

Eighth, all forms of surrogacy are forbidden.

Ninth, the establishment of sperm banks with 'selective' semen threatens the existence of the family and the 'race', and should be prevented.

Tenth, a physician is the only qualified person to practise medically assisted conception in all its permitted varieties. If he performs any of the forbidden techniques, he is guilty, his earnings are forbidden, and he must be stopped from his morally illicit practice.

But to what degree are these *fatwa* declarations – particularly the explicit prohibition on any form of third-party donation of reproductive materials

– actually followed by physicians in the Muslim world? A 1997 global survey of sperm donation among assisted reproductive technology centres in sixty-two countries provides some indication of the degree of convergence between official discourse and actual practice (Meirow and Schenker 1997). In all of the Muslim countries surveyed – including the Middle Eastern countries of Egypt, Iran, Kuwait, Jordan, Lebanon, Morocco, Qatar and Turkey, as well as a number of non-Middle Eastern Muslim countries including Indonesia, Malaysia and Pakistan – sperm donation in IVF and all other forms of gamete donation were strictly prohibited.

Shi'ite Islam and IVF

Having said all this, it is very important to point out how things have changed for Shi'ite Muslims since this global survey was published. Shi'a is the minority branch of Islam found in Iran and parts of Iraq, Lebanon, Bahrain, Saudi Arabia, Afghanistan, Pakistan and India, and it has been much in the news lately because of the US-led war in Iraq. Most Shi'ite religious authorities support the majority Sunni view; namely, they agree that third-party donation should be strictly prohibited.

However, in 1999, the Supreme Jurisprudent of the Shi'ite branch of Islam, Ayatollah Ali Hussein Khamenei, the successor to Iran's Ayatollah Khomeini, issued a *fatwa* effectively permitting donor technologies to be used. With regard to egg and sperm donation, Ayatollah Khamenei stated that both the donor and the infertile parents must abide by the religious codes regarding parenting. According to this *fatwa*, the donor child can inherit only from the sperm or egg donor, as the infertile parents are considered to be 'adoptive' parents.

However, the situation for Shi'ite Muslims is actually much more complicated than this. Because Shi'ites practise a form of individual religious reasoning known as *ijtihad* (Cole 2002), various Shi'ite religious authorities have come to their own conclusions about sperm and egg donation. There are major disagreements about (1) whether the child should follow the name of the infertile father or the sperm donor; (2) whether donation is permissible at all if the donors are anonymous; and (3) whether the husband of an infertile woman needs to do a temporary *mut'a* marriage with the egg donor and then terminate the marriage contract after the embryo transfer, in order to avoid *zina* (adultery). It is important to point out that *mut'a* is a form of time-limited, temporary marriage that is not recognised by Sunni religious authorities (Haeri 1989). Furthermore, a married Shi'ite Muslim woman cannot do a *mut'a* marriage with a sperm donor because a Muslim woman cannot marry two men at the same time. In theory, only widowed or otherwise single women should be able to accept donor sperm, in order to avoid the implications of *zina*. However, in Muslim countries, single motherhood of a donor child is unlikely to be socially acceptable.

The issue of sperm donation is particularly thorny. In a 2003 reversal of Ayatollah Khamenei's original *fatwa*, which allowed sperm donation for cases of male infertility, sperm donation has been made officially illegal in Iran. A law passed in the Iranian parliament (*majlis*) and approved by the Guardian Council (a religious 'watch-dog' body that endorses every bill before it becomes law) has restricted gamete donation to married persons (Tremayne 2005). Even though the law is brief (less than one page), it states clearly and succinctly who can and cannot donate and receive gametes. Egg donation is allowed, as long as the husband marries the egg donor temporarily, thereby ensuring that all three parties are married. Sperm donation, on the other hand, is legally forbidden, because a sperm donor cannot temporarily marry an already married woman whose husband is infertile. Interestingly, embryo donation – which involves both sperm and egg from another couple – is allowed in order to overcome both male and female infertility. Because an embryo comes from a married couple and is given to another married couple in an act similar to adoption, it is considered *hallal*, or religiously permissible. Iran, by the way, is the only Muslim country where Western-style adoption is allowed. It is also the only Muslim country to have recently allowed surrogacy, even though, so far, there are no laws either endorsing or forbidding this practice (Tremayne 2005).

Given all of these complexities, married infertile Shi'ite 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. That being said, in the Shi'ite Muslim world, including in Iran and Lebanon, some Shi'ite couples are beginning to receive donor eggs, donor embryos and even donor sperm (at least in Lebanon), and are donating their gametes to other infertile couples (Inhorn 2004a; Tober 2004; Tremayne 2005). For infertile Shi'ite couples who accept the idea of donation, the introduction of donor technologies has been described as a 'marriage saviour', helping to avoid the marital and psychological disputes that might arise if the couple's case is otherwise untreatable.

Muslim Patients' Views Opposing Donation

The Sunni and Shi'ite couples who oppose the idea of gamete donation believe that third-party donation is *haram*, or forbidden by their religion. Patient concerns revolve around three important issues: adultery, incest and lack of biological descent. First, Islam is a religion that can be said to privilege – even mandate – heterosexual marital relations. Thus, reproduction outside of marriage is considered *zina*, which is strictly forbidden in Islam. Although third-party donation in IVF does not involve the sexual body contact of adulterous relations, nor presumably the desire to engage in an extra-marital affair, it is nonetheless considered by Islamic religious scholars

to be a form of adultery, by virtue of introducing a third party into the sacred dyad of husband and wife.

The second troubling aspect of third-party donation is the potential for incest among the offspring of unknown donors. Moral concerns have been raised about the potential for a single donor's offspring to meet and marry each other, thereby undertaking an incestuous union of half-siblings.

Finally, third-party donation confuses issues of kinship, descent and inheritance. As it does with marriage, Islam prescribes biological inheritance. Preserving the *nasab* (origins) of each child – meaning its relationship to a known biological mother and father – is considered not only an ideal in Islam, but a moral imperative. Therefore, the problem with third-party donation is that it destroys a child's lineage, which is immoral in addition to being psychologically devastating.

Muslim IVF patients 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 by allowing a 'stranger to enter the family', donation confuses lines of descent in the emphatically patrilineal societies of the Muslim Middle East. For Muslim men in particular, ensuring paternity and the 'purity' of lineage through 'known fathers' is of paramount concern. Thus, a donor child could only be viewed as an *ibn haram* (literally, 'son of sin'). The child will be deemed illegitimate and stigmatised even in the eyes of its own parents, who will therefore lack the appropriate parental sentiments.

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 Muslim world. The Islamic scriptures, including the Koran, encourage the kind fostering of orphans but do not allow legal adoption as it is known in the West (Inhorn 1996, 2003a; Sonbol 1995). As a result, few Muslim IVF patients will contemplate adoption, stating with conviction that it is 'against the religion'.

Marriage and Gender Relations

In the absence of adoption, Muslim couples have no choice but to turn to IVF and other new reproductive technologies to solve their infertility problems. Yet in the absence of third-party gamete donation, women face considerable marital risks, particularly in the era of intra-cytoplasmic sperm injection, or ICSI, the new solution for male infertility that has ironically increased the potential for divorce in the Muslim world. With ICSI, infertile men with very poor sperm profiles – even azoospermia, or lack of sperm in the ejaculate – are now able to produce biological children of their own through the microscopic injection of their weak sperm directly into the ova. Some wives who

have 'stood by' their infertile husbands for years, even decades in some cases, have grown too old to produce the high-quality, viable ova that are necessary for the ICSI procedure. In the absence of egg donation, infertile Muslim couples with an older wife face four difficult options: (1) to remain together permanently without children; (2) to legally foster an orphan, which is rarely viewed as an acceptable alternative; (3) to remain together in a polygynous marriage, an option considered unacceptable by women themselves; or (4) to divorce, so that the husband can have children with a younger, more fertile partner. In the research I carried out in Egypt, Lebanon and Arab America, the first option has proven to be the most common. Infertile husbands and 'forty-something' wives often love each other deeply and remain together in long-term marriages without children (Inhorn 1996, 2003a). Thus, divorce is not the immediate consequence of infertility that it is stereotypically portrayed to be in the Muslim world. Nevertheless, because of the Sunni Islamic restrictions on the use of donor eggs, at least some Muslim men are choosing to divorce or take a second wife, believing that their own reproductive destinies lie with younger, more fertile women.

On the other hand, in Lebanon and in Dearborn, Michigan, which harbour significant Shi'ite majorities, the recent Shi'ite *fatwas* allowing egg donation have been a great boon to marital relations. There, both fertile and infertile men with 'old' wives are lining up at IVF clinics to accept the eggs of donor women. Some of these donors are other IVF patients, while some are friends or relatives. In at least one Shi'ite IVF clinic in Lebanon, young college-aged women recruited from the United States anonymously donate their eggs to conservative Shi'ite couples, including, presumably, members of Hezbollah, which is officially condemned by the US administration as a terrorist organisation. Furthermore, quite interestingly, in multi-sectarian Lebanon, the recipients of these donor eggs are not necessarily only Shi'ite Muslim couples. Indeed, some Sunni Muslim patients from Lebanon and from other Middle Eastern Muslim countries are quietly 'saving their marriages' through the use of donor gametes, thereby secretly going against the dictates of Sunni Muslim orthodoxy.

Conclusion

Behind the closed doors of IVF clinics throughout the Middle East, IVF is now part and parcel of everyday life, with thousands of Muslim test-tube babies, both Sunni and Shi'ite, being born to infertile couples each year. Indeed, the emergence of IVF in the Muslim Middle East – and the even more recent introduction of donor technologies in Iran and Lebanon – has led to a fascinating form of medical practice that is reshaping the gender dynamics of infertile marriages. In the Sunni Muslim world, the use of IVF and related new reproductive technologies has clearly led to an entrenchment of deeply held

religious beliefs about the importance of biologically based kinship, family life and parenthood. Yet the globalisation of these technologies to parts of the Shi'ite world has fundamentally altered understandings of the ways in which families can be made and marriages saved through the use of new reproductive technologies. The frankly adventurous attitude of otherwise conservative male Shi'ite religious leaders towards third-party gamete donation has led to a potential transformation in gender relations among infertile Muslim couples. For Shi'ite Muslims in particular, the effect has been a rethinking of traditional notions of biological kinship and parenthood and the partial acceptance, at least among some segments of the Shi'ite population, of the 'brave new world' of third-party gamete donation.

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