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“He Won’t Be My Son”

Middle Eastern Muslim Men’s Discourses of Adoption and Gamete Donation

In the Sunni Muslim world, religious mandates prohibit both adoption and gamete donation as solutions to infertility, including in the aftermath of in vitro fertilization (IVF) failures. However, both of these options are now available in two Middle Eastern countries with significant Shi’ite Muslim populations (Iran and Lebanon). On the basis of fieldwork in multisectarian Lebanon, I examine in this article attitudes toward both adoption and gamete donation among childless Muslim men who are undertaking IVF with their wives. No matter the religious sect, most Muslim men in Lebanon continue to resist both adoption and gamete donation, arguing that such a child “won’t be my son.” However, against all odds, some Muslim men are considering and undertaking these alternatives to family formation as ways to preserve their loving marriages, satisfy their fatherhood desires, and challenge religious dictates, which they view as out of step with new developments in science and technology. Thus, in this article I examine the complicated intersections of religion, technology, marriage, and parenthood in a part of the world that is both poorly understood and negatively stereotyped, particularly in the aftermath of September 11, 2001.

Keywords: [infertility, reproductive health, adoption, gamete donation, Islam, Lebanon]

Introduction

Long before the advent of assisted reproductive technologies, infertile couples in the West were satisfying their desires for children through adoption and donor insemination (DI). Adoption, in particular, has been viewed in many Western societies as the “natural solution” to infertility, and continues to be presented as such in the advent of in vitro fertilization (IVF) failures (Becker 1997, 2000; Greil 1991; Sandelowski 1993). Although the use of DI to overcome male infertility is much less socially accepted and continues to be shrouded in stigma and secrecy, it nonetheless has been widely practiced in many Western countries for more than 50 years, and is

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often adopted by couples who accept the validity of “social” as well as “biological” parenthood (Becker 2002). Indeed, with the rapid rise over the past decade of donor egg and donor embryo programs in many Western countries (Becker 2000), as well as agencies devoted to surrogacy (Ragone 1994), lesbian alternative insemination (Agigian 2004; Sullivan 2004), and international adoptions (Fieweger 1991; Howell 1998), the number of potential solutions to infertility has dramatically expanded as has cultural acceptance of the “naturalness” of such practices.

Despite remarkably rich ethnographic investigation of all of these subjects in the West, little has been written about infertility and alternative family formation strategies in the Muslim world, where it is estimated that more than half of the global population of 50–80 million infertile people live (Serour 1996). In the Muslim world, attitudes toward family formation are closely tied to religious teachings that stress the importance of “purity of lineage” (Serour 1996; Sonbol 1995). Indeed, Islam is a religion that privileges—even mandates—biological descent and 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. In Islamic *fiqh* (jurisprudence), the tie by *nasab* (lineage, or relations by blood) is considered to be one of God’s great gifts to his worshippers. The preservation of *nasab* is emphasized through Qur’anic rules designed to ensure the sanctity of the family and the purity of *nasab* (Sonbol 1995). By preserving *nasab*, personal and social immorality leading to economic and financial dislocation are prevented (Sonbol 1995), thus emphasizing this gift of God to the maintenance of society as a whole.

In the face of such religious edicts, the concept of social parenthood—of either an adopted or donor child—is considered untenable in most of the Muslim world. The kind of adoption practiced in the West—whereby an orphan takes the legal name of the adoptive parents (usu. the father’s surname) and is treated as their own child through the mutually reinforcing mechanisms of coresidence, inheritance rights, and ongoing affective relations including unconditional love—is explicitly forbidden in Islam. Although the Islamic scriptures, including the Qur’an, encourage the kind upbringing of orphans, adoption per se is specifically prohibited in the Qur’an and is considered a legal fiction that is *haram*, or morally illicit, in Islam. Indeed, numerous Islamic scriptures emphasize blood relationship as the only basis for paternity, making adoption a sin equal to *kufr*, or apostasy (Sonbol 1995). Hence, formal legal adoption, whereby orphans are given adoptive parents’ names and inheritance and live with them as beloved family members, is not practiced in most Muslim countries.

In the Muslim Middle East, cultural resistance to the practice of adoption, as well as in-home fostering, remains quite strong (Inhorn 1996, 2003; Sonbol 1995). Although many Middle Eastern Muslim couples with adequate financial means may provide charity to orphans living in orphanages, and some may even become their legal guardians through a mechanism known as *kafalat il-yatim* (lit., guardianship of orphans), the aversion to actually raising an orphan child in one’s home is widespread. Fostering arrangements are legally permitted and even encouraged in most Middle Eastern Muslim societies; nonetheless, they are relatively rare and may be shrouded in secrecy. Indeed, infertile couples who do foster an orphan may attempt to pass the child off as their own biological offspring to avoid the severe stigma of such an arrangement (Inhorn 1996, 2003; Sonbol 1995).

In light of such realities, it is important to consider how infertile couples living in predominantly Muslim Middle Eastern countries grapple with such religious and social restrictions, especially when faced with repeated IVF failures and the possibility of permanent childlessness. What do infertile couples themselves think about the possibility of adopting an orphan, or of accepting donor sperm, eggs, and embryos to improve their IVF outcomes and bear a so-called donor child? In short, what do Muslim couples living in the Middle East think about “social parenthood”—the very concept that allows so many infertile Western couples to “adopt” others’ gametes and embryos, as well as children themselves?

As demonstrated in this article, the very concept of social parenthood is culturally contingent and is deeply embedded in “local moral worlds,” or “moral accounts, [which] are the commitments of social participants in a local world about what is at stake in everyday experience” (Kleinman 1995:45). Local moralities govern ideas about the parenting of “nonbiological” children, including those conceived through biotechnological means. Indeed, local moralities are perhaps best exposed when new health technologies confront deeply embedded religious and ethical traditions (Lock 2002). Such traditions may embrace new biotechnologies (e.g., life-saving health technologies), but prohibit aspects of those technologies that do not meet with religious moralities (e.g., sperm donation). For individuals confronting the moral stances and ambiguities of their local religious traditions, they must attempt to make sense of such religious responses while at the same time invoking their own moral subjectivities to find acceptable solutions to their often dire health needs and concerns.

Indeed, it is the point of this article to show the very dynamism and heterogeneity of local religiously based moral systems in the Muslim world, through the particular lens of adoption and gamete donation. Not only is Islam itself heterogeneous, with its main Sunni and Shi’ite branches, but heterogeneity and dynamism can be seen in the fatwas (religious rulings) of contemporary Muslim religious leaders, who have issued diverging opinions on the acceptability of gamete donation. Furthermore, the very pathways through which these fatwas are circulated, borrowed, redeployed, and discarded by followers—particularly in the era of the Internet—are complex and convoluted, so that, in the end, what religious clerics mandate through their fatwas may or may not be realized, understood, accepted, or actualized in practice.¹ As a result, moral negotiation and decision making by contemporary Muslims may show great diversity, relating to factors such as divergent degrees of religiosity, secularism, scriptural knowledge, attachment to particular religious leaders, and familiarity with the fatwas themselves. Divergent decision making leads, in turn, to a great variety of religious practices based on such factors as social location, gender, educational level, degree of secularism, and religious sect, among other things. Such diversity reflects the fact that Islam, as a global religion, is not timeless and unchanging. Neither do all Muslims agree on some set of common global norms or “best practices.” As noted by Gelvin (2005) in his recent compelling history of *The Modern Middle East*, “The doctrines and institutions associated with Islam or any other religion are not frozen in time. They exist within history, not outside history. And while there are continuities of religious doctrines and institutions, the meaning those doctrines and institutions hold for society, and the function they play in society, evolve through time” (2005:292).

This article underscores both the continuities and the evolution of Islamic thinking on adoption and third-party gamete donation in the Muslim Middle East. It focuses specifically on sectarian differences in moral decision making, based on recent fatwas that have allowed infertile Shi'ite Muslim couples to donate and accept donated gametes in IVF clinics. In other words, the local moral worlds surrounding infertility and IVF are in the midst of dramatic change in the Muslim Middle East, as minority Shi'ite populations make sense of reproductive possibilities in ways quite different from the Sunni majority. Nonetheless, even infertile Sunni Muslim couples may decide to depart from religious orthodoxies, by seeking adoption and third-party gamete donation services (often secretly and sometimes in other countries) to solve their infertility problems. Thus, religious moralities in the Muslim world can be seen as processual and shifting in response to the new developments in science and technology that are rapidly globalizing to the 22 nations of the Muslim Middle East (Inhorn 2003).

Most interestingly, those who have taken the lead in accepting new reproductive technologies and, hence, changing reproductive practices in the Muslim Middle East are men, including the male religious leaders who have, first, authorized IVF and, more recently, allowed adoption and gamete donation practices in the Shi'ite community. As male religious leaders have affirmed their support for such practices, a mostly male cadre of Middle Eastern IVF doctors has developed a now burgeoning Middle Eastern IVF industry, with nearly 60 IVF clinics in Egypt alone. Middle Eastern men, both infertile and those married to infertile wives, have responded by seeking out these IVF services with their wives. In some cases, they have also decided to seek alternatives to family formation through adoption and gamete donation, to achieve fatherhood and happiness in their marriages.

Relatively little is known about the role of men in reproductive health, either as reproductive actors with their own legitimate reproductive health needs or as contributors to women's reproductive health and family well-being (Browner 2000; Dudgeon and Inhorn 2003, 2004). Men are largely missing in the now-vast empirical and theoretical literature on the anthropology of reproduction, with few ethnographies including men's voices or subjectivities (Inhorn in press). Indeed, men's local moral worlds are largely unrecorded in the ethnographic literature on reproductive health, despite the fact that moral decision making is part and parcel of the human reproductive experience (Lock and Kaufert 1998; Rapp 1999).

In the Middle East, men in childless marriages who love their wives and ardently desire children and fatherhood must generally consider multiple options for marital preservation and family formation in light of prevailing religious moralities. Little is known about the reproductive lives or attitudes of Middle Eastern Muslim men, who are often stereotyped as dominators of women, including in the reproductive realm. However, as noted by Myntti and colleagues in an article "Challenging the Stereotypes: Men, Withdrawal, and Reproductive Health in Lebanon,"

We think it is vital for more nuanced research on sexual relationships, particularly in areas of the world where powerful stereotypes—traditional families, women's low status, oppressive religion, early marriage, high fertility, male dominance, vulnerability to divorce, need to produce sons—influence the questions we ask and the interpretations of what we see and hear. While

acknowledging the complexity of people's sexual lives, our modest research suggests that it might be useful to credit women with some measure of agency, and men some measure of altruism and humanity. [2002:169–170]

The need to credit Middle Eastern men with some measure of altruism and humanity is particularly pronounced in the aftermath of September 11, 2001 (9/11), and the ongoing U.S.-led war in Iraq. The Middle Eastern region is an area of the world that is rarely characterized, at least in the Western media, as a loving, humane terrain. The lack of Western understanding of the Middle East and Muslim peoples has become abundantly apparent, as have the many stereotypes of the Muslim world as a “hotbed” of religiously driven politics, violence, and terrorism (Arab American Institute Foundation 2002; Cainkar 2002; Hassan 2002; Suleiman 1999). Middle Eastern men in particular have been increasingly stereotyped as untrustworthy, uncaring, violent, religiously fanatical terrorists, who care little for the health or well-being of their own women and children, let alone Western peoples. Thus, the possibility that most Middle Eastern men are ordinary people—who are nonviolent, deeply ethical, perhaps secular, nonoppressive, loving spouses, and enthusiastic fathers—seems to have been lost to the West through the damaging media portrayals of savage terrorists and religious zealots.

Following Myntti et al. (2002), my intention in this article is to unseat some of these pervasive “tropes of terrorism” by examining the experiences and attitudes of more than 200 Middle Eastern men who participated in my recent study of male infertility in Lebanon (Inhorn 2004). All normal, caring human beings who were accompanying their wives to Lebanese IVF centers, these men described their own experiences of infertility and those of their wives, and many of them answered my questions regarding their attitudes toward and experiences of adoption and gamete donation as potential alternatives to family formation. Like the men in my earlier study of IVF in Egypt (Inhorn 2003), most of the men in my recent Lebanese study did not accept the options of adoption or gamete donation as real possibilities in their own lives, even in the face of intractable infertility and ongoing childlessness.

For a number of reasons to be described here, men could not accept the idea of social fatherhood—arguing that an adopted or donor child “won’t be my son”—and they referred to religious injunctions to support their attitudes. However, as in my earlier work in Egypt (Inhorn 1996), most men were also positive about their long-term marital commitments and were sensitive to their wives’ reproductive health and motherhood desires. Thus, if wives broached the ideas of adoption and gamete donation, some men were willing to entertain these possibilities—and some even initiated these discussions with their infertile wives as possible solutions to their childlessness. As I show here, a small number of men in my study stood out as “moral pioneers” (Rapp 1988, 1999), challenging religious orthodoxy on the issues of adoption and gamete donation and secretly “going against their religions” in actual practice. As I also show, how men reacted to both adoption and gamete donation was, to a large extent, shaped by their religious affiliation in a multisectarian country. However, attitudes toward adoption and gamete donation did not necessarily follow sectarian lines; indeed, there was a significant amount of heterogeneity in attitudes and practices among both the Sunni and Shi’ite Muslim men in my study, suggesting

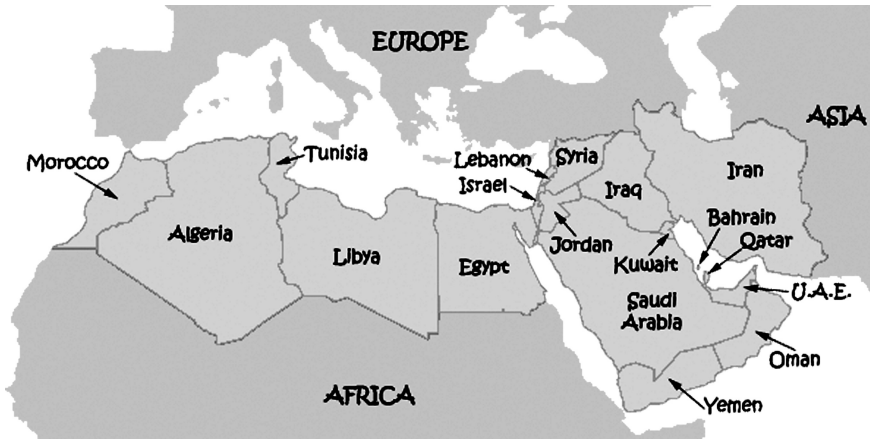


Figure 1 Lebanon's Location in the Middle East.

that Islamic fatwas on these subjects are being interpreted quite variously, at least in Lebanon.

The next section introduces the research setting and methods, highlighting the significant degree of religious diversity in Lebanon, as reflected in my study population. It is important to note that many Lebanese Christian men (and physicians) participated in my study. However, this article focuses on the majority of my Lebanese informants, who were Muslims and whose ideas about adoption and gamete donation were significantly shaped by Islamic thinking on these subjects. For heuristic purposes, these men are divided into two groups, Sunni and Shi'a, reflecting the sectarian division between these two groups in the country. Beginning with the most conservative Sunni Muslim views toward adoption and gamete donation, the article moves to Shi'ite Muslim perspectives. In each section, main patterns among study participants will be discerned, but I will pay specific attention to cases in which local religious moralities are being challenged by Middle Eastern Muslim men themselves.

Research Setting and Methods

Lebanon is a small (population about 4.3 million) Middle Eastern Mediterranean country, located directly north of Israel and west of Syria (see Figure 1). For the Middle Eastern region, the country is unique in its degree of cultural and religious diversity, making it a fascinating location in which to study Middle Eastern religious moralities. Lebanon is home to four major religious sects—Sunni Muslim, Shi'a Muslim, Druze, and Christian. Although Christian groups, including Maronite Catholics, have played important political roles in the country over the past two centuries, more than two-thirds of Lebanese are Muslim, with the Shi'a of southern Lebanon now thought to compose the single largest sect in the country (a "guesstimate" based on the fact that the country has not had an official census since 1932; Gelvin 2005).²

It is also important to note that a brutal 15-year (1975–90) civil war was fought along sectarian lines, and involved the occupation of Lebanon by U.S., Israeli, and Syrian forces.³ Although the violence finally receded in 1992, the aftermath of the war is still strongly felt in the country, as shown in the recent series of unfortunate assassination car bombings that have rocked Beirut. Deep-seated resentments between religious groups still prevail, along with widespread antipathy toward neighboring Israel and Syria. As noted by Ellis,

Compounding these problems is Lebanon's inability to resettle thousands of internal war refugees or to find a solution to the presence of an estimated 400,000 Palestinian refugees. The conflict between Hizballah and Israel in the south, the increasing public and foreign debt, and the lack of investment by Lebanese expatriates awaiting the outcome of the peace process have exacerbated Lebanon's economic decline. [2002:2]

Thus, a beautiful, mountainous country that was once touted as "the Switzerland of the Middle East" has been deeply scarred by a religiously based war and religious divisions that are perhaps more pronounced than ever. Having said this, many if not most Lebanese today are exhausted by the idea of war and are committed to a nonviolent, independent future for their country. In everyday interactions, the Lebanese tend to downplay their religious differences and are generally respectful of others in the mixed-sectarian settings such as the hospitals and clinics where this study was conducted.

In the midst of U.S. plans to embark on a war in Iraq, I ventured to Lebanon in late December 2002 to conduct a study of male infertility in the Lebanese capital city of Beirut. I was fortunate to gain access to two of the busiest and most successful IVF clinics in central Beirut (see Figure 2).⁴ One was located in a large, private university-based teaching hospital and catered to a religiously mixed patient population of both Sunni and Shi'ite Muslims, Druze (a minority Muslim subset), and Christians of a variety of sects. All of the IVF physicians in this clinic were male and Christian. The other was a private, standalone IVF clinic catering primarily to southern Lebanese Shi'ite patients, but with occasional Christian and Sunni Muslim patients from both Lebanon and neighboring Syria. In this clinic, all of the IVF doctors were Muslim, half Sunni and half Shi'a, with the only female IVF doctor in the city. In Lebanon and in the Muslim Middle East more generally, the gender and religious affiliation of physicians can matter to patients, especially in the morally contentious world of assisted reproduction. Thus, Sunni Muslim patients may prefer Sunni Muslim physicians who are similarly opposed to gamete donation. Furthermore, the most conservative Muslim couples are generally uncomfortable if male physicians conduct gynecological exams; they may seek out a female infertility physician, as was the case in one clinic in my study.

Between these two clinics, I was able to recruit 220 Lebanese, Syrian, and Lebanese Palestinian men into my study. Of the study population, 120 men were infertile cases (i.e., based on spermogram results and World Health Organization definitions of male infertility), and 100 were infertile controls (i.e., the husbands of infertile women). This epidemiological case-control design served important ethnographic purposes, for it allowed me to understand the experiences and perspectives



Figure 2 An Embryologist Working in a Beirut IVF Laboratory.

of infertile men, as well as men who were not infertile but who were experiencing childless marriages.

A large amount of data was collected during the eight-month study period in Beirut. This included: (1) 220 completed eight-page reproductive history and epidemiological questionnaires, which I administered verbally to each man in the study in either Arabic or English (depending on the preference of the informant); (2) more than 1,200 pages of qualitative interview transcripts, generated from open-ended interviews with most of the men in the study, some of their wives, and a variety of physicians, nurses, and embryologists in the two clinics; (3) 550 pages of field notes, based on participant-observation and informal interviews and conversations with staff and patients at the two IVF clinics; and (4) more than 200 blood samples, which were frozen in the Beirut IVF laboratories and then hand carried by me via airplane to the United States for the purposes of later toxic metal analysis.⁵

This article is based on ethnographic interview data collected during open-ended interviews with the men in my study. Who were these men? Most were Lebanese citizens, born and raised in the country and survivors of the civil war.⁶ Seventy-five percent were currently residing in the country, and 16 percent were expatriates, who were either born outside the country or had fled to other countries during the war years. These expatriate Lebanese lived all over the world, but primarily in South America, West Africa, North America, Europe, and the Arab Gulf. Additionally, 6 percent of the men in the study were Syrians, who, like the Lebanese expatriates,

were traveling to Lebanon specifically to undertake IVF. The remaining men in the study were Palestinians, including both educated middle-class Palestinian men as well as two men living in Lebanese refugee camps.

The study population was divided almost equally along Sunni, Shi'a, and Christian lines. Approximately 32 percent of men in the study were Sunni Muslims; 36 percent were Shi'ite Muslims; and 26 percent were Christians, predominantly Maronites (14 percent), Greek or Armenian Orthodox (9 percent), and Roman Catholics (3 percent). In addition, 4 percent of study participants were Druze, a Muslim subset unique to Lebanon, Syria, and Israel. Two percent of the men in the study were Muslims, but either would not specify a sect or considered themselves communists (i.e., atheists). Only one Lebanese man in the study was Jewish.

Reflecting Lebanon's high educational and literacy levels compared to other Middle Eastern countries, most of the men in this study were highly educated—with at least a high school diploma and many with advanced degrees (i.e., 14 years of education was the mean). Virtually all were literate. Most of the men in the study were either in business (52 percent); in a profession such as engineering, law, dentistry, or medicine (26 percent); or in government employment, including the military (10 percent). Only 9 percent of men in the study were blue-collar or agricultural workers. The rest were retired or unemployed. Despite the significant educational and professional backgrounds of most of the men in the study, salaries were quite low, reflecting the postwar economic crisis in a country with a very high cost of living. Most men made between \$1,000–\$2,000 per month, with annual household salaries of significantly less than \$20,000. Most men in the study complained about their financial woes, and many of them were unable to afford IVF (at \$2,000–\$5,000 per cycle) without family support.

All of these men were recruited into my study, usually by a physician, nurse, or other clinic staff member while in the midst of IVF treatment seeking. I interviewed most men alone, although in the early months of my study, I employed a Lebanese research assistant to help me with the Lebanese dialect of Arabic. In all cases, I was able to undertake confidential interviews in a private room secured for the purposes of interviewing. Once men were convinced, via my explanations and the informed consent form, of the purposes and anonymity of my study, most were quite open and forthcoming, sharing with me very personal and intimate details of their reproductive and marital lives.⁷ Among men interviewed, most were aware (through physicians, the media, or hearsay) that IVF could involve third-party donation of gametes. And all of them were aware that child adoption existed as a possibility in Western countries. Thus, my goal in interviews was to assess men's attitudes toward these possibilities, including their likelihood of undertaking either strategy within Lebanon, where, unlike most other Middle Eastern countries, both of these options are currently available.

Given the focus of this special issue of *Medical Anthropology Quarterly* on the Muslim world, in this article, I report my findings regarding Muslim men's attitudes toward adoption and donation. I divide these findings along Sunni–Shi'a sectarian lines, to reveal some important differences between these two major branches of Islam, as well as how these differences do—and do not—affect Muslim men's patterns of moral response.

Sunni Islam

It is important to begin by stating that Sunni Islam is the dominant form of Islam found in the Middle Eastern region and throughout the Muslim world, with close to 90 percent of the world's Muslims adhering to this version of Islam. In Egypt, for example, more than 90 percent of citizens are Muslims, and virtually all of these are Sunni Muslims. North Africa, the Arab Gulf, the Levant region of the Middle East (Syria, Jordan, and Palestine), and Turkey are Sunni-dominant societies. The remaining Middle Eastern countries have a mixture of Sunni and Shi'ite Muslims, as well as Christian minority populations.

No matter whether a society is predominantly Sunni or Shi'a, in the Muslim Middle East, religion plays a significant role in shaping both the infertility and IVF experiences for infertile couples, with the effects of religious rulings having profound effects on marriage and gender relations (Inhorn 1994, 1996, 2003; Serour 1996; Serour et al. 1995; Serour et al. 1991). Most infertile couples are usually extremely concerned about making their test-tube babies in the religiously correct fashion. To that end, they seek out the "official" Islamic opinion on the practice of IVF in the form of a fatwa. In recent years, many fatwas on a wide variety of reproductive health issues have been issued in Egypt and other Muslim countries. There, these fatwas are disseminated to couples through a variety of means; these include religious institutions (e.g., the fatwa offices of religious universities or the administrative offices of various religious leaders), infertility clinics, and, nowadays, the Internet, where a great deal of information on Islamic principles and teachings may be found.

With regard to IVF specifically, the Grand Sheikh of Egypt's famed religious university, Al Azhar, issued the first authoritative fatwa on medically assisted reproduction on March 23, 1980. 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 center—has proved to be truly authoritative and enduring in all its main points for the Sunni Muslim world. In fact, the basic tenets of the original Al-Azhar fatwa on IVF have been upheld by other fatwas issued since 1980, including from Saudi Arabia, and have achieved wide acceptance throughout the Sunni Muslim world.

So, what is the official Sunni Islamic position on IVF? To summarize the main points, IVF of an egg from the wife with the sperm of her husband followed by the transfer of the fertilized embryo back to the uterus of the same wife is allowed, provided that the procedure is indicated for a medical reason (i.e., infertility) and is carried out by an expert physician. However, because marriage is a contract between the wife and husband, no third party should intrude into the marital functions of sex and procreation. This means that a third-party donor is not allowed, whether he or she is providing sperm, eggs, embryos, or a uterus in the case of surrogacy. The use of a third party is tantamount to *zina*, or adultery, and a donor child is considered to be an *ibn haram* (lit., son of sin), or an illegitimate child, a bastard, who belongs to the mother who bore him or her.

Similar to donor children, most orphans are *laqiths*, or foundlings, who are considered to be illegitimate offspring of unmarried persons. Thus, they, too, are *ibn harams*, who are considered morally tainted. As noted by Sonbol (1995:60), "Illegitimate children themselves are regarded as a real stigma, almost a threat, a source

of evil.” This view is upheld in the original Al Azhar fatwa on medically assisted reproduction, which states:

A legitimate child will grow and be raised by his parents in the best manner they can afford, while an illegitimate one is a shame for the mother and her people, neglected in the community and will then turn into a disease. Islamic scholars discussed illegitimate children in the books of Islamic law, [and] explained that they are human beings who deserve to be brought up properly and taken care of so as to stimulate what is best in them and avoid their evilness.⁸

The fatwa goes on to state that adoption of such children is explicitly forbidden in the Qur’an, “for the purposes of origin protection and family rights’ preservation.”

Given that donor offspring and out-of-wedlock orphans are explicitly linked as immoral beings in Sunni Islamic thinking and further codified as such in the fatwa concerning IVF, it is not surprising that the vast majority of Sunni Muslims, both men and women, support the explicit Islamic prohibitions against adoption and third-party gamete donation in IVF. In my research in Egypt and Lebanon, most Sunni Muslim informants, both men and women, were adamantly opposed to the ideas of either adoption or creation of a donor child as solutions to infertility, repeating the often-cited phrase, “it’s against the religion.” Men tended to feel strongly about these prohibitions, claiming that such a child “won’t be my son.” Some went on to point to the illegitimacy and bad moral character of such children, whereas others pointed to the zina, or adultery, leading to the creation of such a child. Furthermore, most were concerned about issues of family incest. To wit, an adopted or donor child is religiously permitted to marry a person who is not related by blood ties. Thus, feelings of attraction might develop between donor parents and their nonbiologically related offspring, especially in the intimate conditions of household life, in which individuals are revealed to each other. Finally, following Islamic principles of purity of lineage, many men were concerned about the “mixture of relations” that would occur, especially through the use of donor gametes. As many men explained it, particularly in reference to sperm donation, “the child would not be *from me*—it would be like raising some other man’s child.”

In my research in Lebanon, all of these concerns were expressed repeatedly by Sunni Muslim informants. For example, of the 44 Sunni Muslim men I interviewed about adoption, 34 of them (77 percent) absolutely refused the idea of adoption. Opposition to gamete donation was even stronger. Of the 48 Sunni Muslim men I interviewed about gamete donation, 40 (83 percent) refused the idea completely. Indeed, per my earlier experiences in Sunni Egypt (Inhorn 2003), Sunni Muslim men in Lebanon generally provided a stock set of responses, as follows: “No” to adoption, “Maybe” to guardianship of an orphan, and “No” to gamete donation of either eggs, sperm, or embryos.

Sunni Muslim Men’s Narratives

When I broached these subjects further in some of my interviews, Sunni Muslim men often went well beyond the expected “It’s against the religion” response to explain

in a more nuanced fashion why they could not accept the ideas of either adoption or gamete donation. As one infertile carpenter explained,

Egg and sperm should be from the couple themselves, not from an egg or sperm donor. If I didn't have sperm and took it from another man, for example, this would be haram, considered to be adultery. Other people may do it, but they don't abide by Islamic law. They just want to have a child. Personally, I wouldn't consider it, because it is haram, and I wouldn't really feel the effect of this thing that's forbidden until many years later. It's the same with adoption. I have a concern that when the child grows up, he won't regard us as his own parents. If we adopt, we wouldn't really feel comfortable looking at this child, given that he's not our biological child. When he grows up, we would have to tell him honestly that he's not our child. Then his psychology would be affected. He wouldn't feel that hopeful. There would be a "gap" because he's not our child. If you have your own biological child, you will feel differently. He *is* your own child, so you feel attached.

An infertile physician who had already been successful on two previous IVF attempts explained that his wife still worried about whether excess embryos created in the IVF laboratory were donated to other couples,

My wife has her worries about fertilized ova. Do they give them to other people? So, we asked the doctor, "What do you do with the embryos?" They said, "We will not kill them, but we let them outgrow their nutrients." He probably knows our religious background, because in our religion, it is not allowed to share genes. So he didn't offer donation for that reason. Neither egg nor sperm donation are allowed. Donation is not accepted in Sunni Islam. I've never seen a specific fatwa, but it's just a feeling that I have based on my knowledge of the religion. In Sunni Islam, if you breastfeed someone else's baby, it becomes a brother or sister to your child. Egg donation is much more strong than that. It's like bringing a stranger into your family. So this is my assumption that donation is not accepted. Similarly, adoption is not prohibited, but you're not allowed to take a baby and pretend like it's a "natural" baby, as if the name is your name and it's your child. Eventually you *must* tell the child that he is adopted. There is a fatwa about this. You have to tell them they're adoptees, and we can't give them our name. Many people here do "adopt" children, but not what you would call adoption in the States. It crossed my mind for a while, but my wife is against it. I considered it because I worked in a hospital [in the United States] where there are many children of teenaged mothers. I told my wife, "There are plenty we could raise," but she refused.

As mentioned in both of these men's comments, as well as in the Al Azhar fatwa, Islam encourages the kind upbringing of orphans as a form of *zakat*, or charity to the less fortunate. Even though orphans are morally tainted, as described above, Muslims are encouraged to treat orphans kindly and to support them financially. Of the Sunni Muslim men I interviewed in Lebanon, 15 men said they would consider caring for an orphan, primarily through financial contributions to an orphanage and

less commonly through fostering a child in their homes. One man, a lawyer who was financially well off, explained it this way,

Donation is not allowed. From the religious point of view, he will not be your child, or he will be a “half-child.” And even for those who want a child *very* much—they can’t live without a child—this is still a problem. In my opinion, it’s not good. It’s better to take a child from an orphanage. This child will not take our name, but we can help this child, on a humanitarian and religious level. We haven’t considered this yet, because we want to have a child [of our own]. But I *can* help another child. I like to help another family, another neighbor, another man who needs services. But I don’t like to take a child by adoption. I can only be a *kafil* [guardian], and offer this child help.

Sunni Muslim Men’s Counternarratives

Although most Sunni Muslim men agreed with the religious ban on both adoption and gamete donation, there were a few men who clearly “broke the mold” and who, to use Rapp’s (1988, 1999) term, were moral pioneers within a generally conservative religious climate. These included ten men who were considering actual adoption of a child, including giving the child their own surname. Furthermore, four Sunni Muslim men were considering the use of donor gametes, and four men had already done so with their wives (three accepting donor eggs, one donor sperm). In almost every case, there were unique features of these men’s personal histories that might have made them less compliant with the prevailing religious norms. For example, several men had spent considerable time outside of the country, including in the United States, where two men were currently residing. Two were educated Palestinian men, who were aware of the plight of orphans and children in refugee camps. One man, born Sunni Muslim, now considered himself nonpracticing and said that he had deep respect for the “good” in all religions.

An abiding theme revealed in interviews with most of these nonconformists was the deep love and respect that men felt for their wives. Several of these men said that they would undertake adoption or gamete donation “out of love” and “for her.” Several had been the first to offer these possibilities to their wives, even though some of their wives did not accept this option. Each man revealed a personal story of marriage and love that was often quite touching. Excerpts from four of these interviews will help capture such sentiments. They also reveal the complex moral decision making undertaken by men who have decided, usually on their own, to “go against their religion” in creating alternative family forms.

Case 1: A Lebanese man who had lived for several years in the United States but had recently married a woman living in Lebanon, had decided to use an egg donor to overcome his wife’s premature ovarian failure. He described their situation as follows:

The doctor told me, “There is no way you can get her pregnant, because her FSH [follicle-stimulating hormone] level is 50 and an FSH level at 27 is considered impossible. Her ovary does not respond.” [The doctor] said, “There is nothing we can do to get her pregnant except with an egg donor.”

But we said, “No.” Actually, *I* said “no” at the beginning. Basically, I said, “Thank you.” But then I started to think . . . and I started searching the net, asking for advice. I started asking from the religious point of view, if doing it was right or wrong. I called everybody here in Lebanon, and I asked a *shaikh*. Actually, no one gave me the right answer. So I sent her to talk with the doctor, and because he is a Muslim, it made my wife feel better.

By that point, I was going to do it any way, but she's the religious one. It didn't bother me, but it bothered her. None of the explanations from the religious point of view made sense to me. But I needed to support my wife and make a family with her—to make it easier for her—even though no one yet has made it easier for me.

At this point, I have no problem with it [egg donation], other than that she get pregnant. We went through lots of discussion and research. To me, over here [in Lebanon], the culture still has not accepted [gamete donation]. There's no social discussion over here yet. I told my colleagues in the U.S., and they didn't have a problem with it. Everybody wished me luck. Everybody over here thinks I'm “playing God” by using eggs. I'm not God, I'm just using God.

I had to search on my own, and I didn't find any *clear* indication about why this would be wrong. Islamic legislators are still behind in serving the Muslim community according to new scientific findings. According to me, as a Muslim, they are behind in science. Religion is a common-sense thing. I use my common sense, because all of the [Islamic] legislators are behind the times. So I had to make my own assessment. My relationship with God is personal. I take care of what I can, and if not, fine with me! All the shaikhs haven't faced this situation, but I have. So I follow my own religion, which is being a good person and doing the best you can.

Case 2: A working-class Palestinian man (a crane operator), who was separated from his childhood sweetheart because of the Lebanese civil war, had finally been able to marry her and make a home with her in Lebanon. Both in their forties, she had entered perimenopause and needed an egg donor, to which he agreed. They were in the midst of an egg-donor cycle at the IVF clinic when I interviewed him. He explained his decision to use an egg donor in this way:

In Islam, donation is haram. I mean, in Islam you should try to get the eggs from the wife and [sperm] from the husband if you want to make IVF. The eggs from the wife and the *bizri* [seeds] from the man, not from outside. Since we're using an egg donor, if I get a baby, it's *my* son, because it's my *bizri*. But it's not *her* son, because the eggs came from another girl. The other girl—that's her mother.

But my wife, she *really* needs a child. It's more important to her to be a mother than following the religion. So I don't mind. I'm not too much a Muslim. I pray, but sometimes you should “move” a little. For her psychology, she *needs* that baby. I could go to take a baby already born from outside and

bring it to our house [i.e., adoption]. But when she puts it in here [he points to the belly], day by day, she's feeling it growing inside her. It's born *from* her. She's feeling that it's *really her baby*. But if I get [an orphan] from outside, she won't feel it's *her* baby. And my wife *should* be its mother. Because she will care for him in the future, and she feels the pains *from* today and *forever!*

My wife loves babies *so* much, because she cared for the children of her sister, and they love her too much. All the time, by telephone, they're calling and saying, "Auntie. Where is she?" She loves them, because they are the children of her sister. And she'll make a great mother, because she hasn't any children and she loves children.

She wants a baby. She needs a baby. So I'm doing this IVF for *her*, yes, for *her*. We're doing it very secretly, because maybe it's not a baby who looks like me or his mother, and people will ask, "From where did you get that baby?" People will talk. In America, it's normal [to use a donor], and in Europe. But with us here, it's difficult to do—*very* difficult. If we are in America, or outside the Middle East, it would be normal. But in the Middle East, we'll have to tell people that we did this operation [IVF] from her eggs and my *bizri*, so people will believe this is our child.

Case 3: A man who worked in an Arab Gulf oil refinery in Bahrain traveled to Lebanon with his wife in order to undertake IVF. He had also encouraged her to consider adopting an orphan, but, to date, she had refused. He explained his feelings about adoption and donation this way:

[Gamete donation] is not allowed, not in Islam. You know why? The mixing of blood, of inheritance, and everything. It's like *zina*, like sleeping with a woman you don't know. And afterward, for inheritance, you don't know your roots. It's like mixing families and tribes.

Orphans, however, you can take them and feel you have a family. You can raise [them] in the family. Islam is always encouraging this, but no one follows it. In Bahrain, there are *so* many conditions to adopt. You have to have a house, your salary has to be okay, and they come on sudden visits, to see how you treat the child. I told her I'd do this, but she doesn't want. She said, "I want something from my body." I said to her, "There are two benefits: one, you raise a poor orphan, and two, a girl will get you to heaven, because the *yatim* [orphans] have no relatives." I told her, "This is no problem for me." But she rejects the idea. She wears the *bijab* [veil], and if she takes a boy, she can't go without hijab—unless her sister or relative breastfeeds the baby and he becomes a family member. And if it is a girl, when she gets older, I can't touch her.

My wife doesn't want to take an orphan, because they are illegitimate [children] and maybe they are bad. And there are too many conditions and very complicated rules. But this is my idea, and she rejects it.⁹

Case 4: A Palestinian man born and raised in Beirut had married late in life to a Palestinian woman also in her forties. Both were teachers for Palestinian children

living in Lebanese refugee camps. They were trying IVF, but were unlikely to succeed because of the wife's advanced age. When I asked him about egg donation and adoption, this is what he said:

I heard about egg donation, but I didn't think about it. Until now, I didn't consider it, but in the end, I think my wife is much more religious than I am so she wouldn't consider it. According to me, I am scientific more than religious. Depending upon the problem—if the source is from me or from her—for example, if the problem is from me, she would refuse [sperm donation], but if the problem is from her, maybe we would do [egg donation]. We don't have a clear position yet, because we didn't discuss it.

As for adoption, yes, why not? I thought about this. So even though you raise a kid who is not originally your kid, with time, he'll get used to you and you to him, and he will be like your kid. But she's not supporting this idea. She prefers to have her own kid. But I think, in the long run, if I had to adopt, eventually we would get used to it and we would treat the child as our own. She would feel the motherly affection, and I think it's a good idea, a humanitarian act. A human being is a human being. And I love children—*any* child. I can, I think, feel pleasure to have any child. Sometimes I feel myself a father of any child. I can play with him, talk with him; most of the children love me.

From the beginning of marriage, I made it clear to my wife—before marriage—that we could adopt a child, because we married at an older age, and this shouldn't affect our marriage or our life. I think in the long run, my wife will ultimately be affected if we don't find a solution, because, by nature, the wife is much more emotional than the husband. I mean, it's affecting her personhood. She feels inferiority, that something's lacking, and she feels down, depressed. Despite the fact that I *told* her that having our own children doesn't matter, I'm sure, ultimately, that it will affect her. Two times when the operation [IVF] failed, she felt depressed and cried. I tried to ease her pain and tell her that it doesn't succeed from the first operation. We're both old, and because of our age, our chances are less. So now, we're both trying to sort it out.

Indeed, all of these Sunni Muslim men were in the process of “sorting out” their feelings and intellectual responses regarding adoption and gamete donation, given their awareness that neither option is accepted in the Sunni Islamic religion. Some men tried to distance themselves from religious orthodoxy; they explained that they valued science over religion, found Sunni legislators scientifically outdated, and thus were forced to form their own moral responses to new biotechnological developments in IVF. Furthermore, all of these men considered themselves less religious than their more traditional wives, who sometimes refused to go forward with alternatives, despite their husbands' willingness. All the men professed great concern for their wives' feelings, including their feelings of lost personhood and suffering. They also valued their wives' strong desires to experience the feelings of pregnancy and become mothers. When they realized that their wives' chances of becoming biological

mothers with their own ova were slim (often because of advancing age), they offered either adoption or gamete donation as acceptable solutions, even though they met with their wives' resistance in two cases.

It is important to reiterate features of these men's biographies that might have led them to nonconforming moral stances. Like many men in contemporary Lebanon, these men were mostly educated professionals, who had spent considerable time outside of the country. Furthermore, reflecting the disruptions of the civil war and a postwar trend in older age at marriage, these men had married late in life to women who were reproductively elderly, and they knew this when they married these women. Furthermore, in the case of the Palestinian Lebanese men, their own experiences of exile and discrimination, as well as their knowledge of the plight of Palestinian refugee children, made them perhaps more open to the possibility of alternative family formation. As one of them put it in a way that was uncharacteristic of most men in my study, "I feel myself the father of any child."

In summary, all of these men were in the process of reconsidering the religiously guided rules of family formation that have been forwarded in Sunni Islam and to which most Sunni Muslims strictly adhere (Inhorn 2003; Meirow and Schenker 1997; Sonbol 1995). That other Sunni Muslim men might be renegotiating religious norms was apparent in the Beirut IVF clinics in which I worked. There, Sunni Muslim couples from a variety of economic classes, social backgrounds, and Middle Eastern nations were secretly signing up for donor gametes, thereby "going against" the mandates of Sunni religious orthodoxy.

Shi'a Islam

Having said this about Sunni Islam and Sunni Muslim men's moral decision making, it is very important to point out how things have changed for Shi'ite Muslims, even during the course of my research in Lebanon in 2003. Shi'a is the minority branch of Islam found in Iran, parts of Iraq, Lebanon, Bahrain, and Saudi Arabia, as well as Afghanistan, Pakistan, and India. It has been much in the news lately because of the U.S.-led war in Iraq. Unlike Sunni Islam, Shi'a Islam is characterized by a hierarchy of religious leaders (called *ayatollahs* in Iran), who are considered spiritual references for their many followers. Within the Shi'ite community, many of these religious authorities have continued to support the majority Sunni view toward adoption and gamete donation: Namely, they agree with Sunni clerics who say that adoption and third-party gamete donation should be strictly prohibited in Islam.

However, in 1999, the supreme jurist of the Shi'a branch of Islam, Ayatollah Ali Hussein Khamanei, the successor to Iran's Ayatollah Khomeini, issued a fatwa effectively permitting donor technologies to be used. With regard to both egg and sperm donation, Ayatollah Khamanei stated in his initial fatwa that donation "is not in and of itself legally forbidden." But he stated that both donors and infertile parents must abide by the religious codes regarding parenting. Thus, the child of the donor has the right to inherit from him or her, as the infertile parents are considered to be like adoptive parents.

The situation for Shi'ite Muslims is actually much more complicated than Ayatollah Khamanei's fatwa would suggest. Unlike Sunni Muslim religious scholars who are scripturally based in their thinking, Shi'ites practice a form of individual

religious reasoning known as *ijtihad*. Through the use of *‘aql*, or intellectual reasoning, various Shi’ite clerics have come to their own conclusions regarding the rightness or wrongness of sperm and egg donation, which they have documented in their own fatwas. Some Shi’ite clerics continue to prohibit adoption and gamete donation for their followers while others have allowed it under certain conditions. As many scholars of Shi’a Islam have noted (Cole 2002; Tober 2004), the practice of *ijtihad* has allowed a certain flexibility and pragmatism toward new technological developments, including IVF and a number of other new medical technologies (e.g., long-term contraception, organ transplants; Hoodfar 2004; Tober 2004). Furthermore, *ijtihad* has ultimately led to great heterogeneity of practice within the Shi’a community, as clearly reflected in my research in Lebanon in 2003.

Thus, when I arrived in Lebanon to carry out my research, there was a fundamental rift within the Lebanese Shi’a community between the followers of the local Shi’ite religious leader, Sayyid Mohamad Hussein Fadlallah, and members of the Lebanese Shi’ite political party, Hizbullah, who receive their spiritual guidance from Ayatollah Khamanei in Iran. Although the majority of Lebanese Shi’ites probably follow the spiritual guidance of Shaikh Fadlallah, it is important to recognize that Hizbullah is now a major political, religious, and social presence in Lebanon and is directly linked to contemporary religious thinking as mandated by the ayatollahs in Iran.

In my study, I encountered Shi’ite Muslim men who were members of Hizbullah or who sympathized with Hizbullah and its Iranian religious orientation. However, the majority of Shi’ite men in my study clearly followed the teachings of Shaikh Fadlallah. When I began my study in January 2003, Shaikh Fadallah continued to uphold the dominant Sunni Islamic opposition to both adoption and gamete donation, as reflected in an American University of Beirut (AUB) report “IVF in Lebanon: Assessment of Its Current Status” (Houjaj et al. 2000). As summarized in the report, which included interviews with Shaikh Fadlallah and a leading Sunni religious figure on the topic of IVF:

To assess the Islamic point of view regarding this issue . . . both agreed that Islam has no objection against any kind of assisted reproduction as long as the parent male and female are the providers of the sperm and egg. . . . Regarding heterologous assisted reproduction, both the Sunnite and the Shiite figures agree that it is *absolutely forbidden* to borrow sperms or eggs from a person other than the involved couple because of the following reasons: 1) The use of sperm from a male other than the husband to inseminate the egg of the wife is seen as an act of adultery because the husband will not be the true biologic father. The same applies in the case of a donor egg. It is of importance to note that polygamy can offer a solution in case of female sterility; 2) The identity of the child will be jeopardized concerning the issues of heritage, life, death and others; 3) This will impose a tremendous social and psychological burden on the infertile male or female partner having to raise a child not of his or her own flesh and blood. Note that in Islam adoption is not allowed and that the adopted child will always be considered a stranger to the (parent) of the opposite sex.” [Houjaj et al. 2000:8–9, emphasis added]

Despite Shaikh Fadlallah's opposition to adoption and gamete donation as reflected in this AUB report, he encouraged his many followers, both fertile and infertile, to practice *kafalat il-yatim*, or guardianship of orphans, through regular donations to orphanages run by his charitable organization. Indeed, given the marginal economic status of most of the Shi'ite men in my study, one of my striking findings was the degree to which most Shi'ite men hoped to become economic guardians of orphans when their own financial situations improved in the future. Furthermore, seven of the Shi'ite men in my study were already serving as guardians through regular monthly contributions to an orphan living in an orphanage. The significant practice of *kafalat il-yatim* among Shi'ite men in my study clearly reflected the ravages of the civil war and the subsequent Israeli occupation of southern Lebanon, where the majority of the population is Shi'ite. Many Shi'ite civilians and fighters were killed, leaving children without parents or at least a father who could support them.

Although the Shi'ite men in my study were acting generously and humanely toward the war orphans in their midst, few of them supported the idea of actually adopting and raising an orphan as a son or daughter. Indeed, the overall opposition to adoption was almost as pronounced among Shi'ite Muslim men in my study as among the Sunni men interviewed. Of 37 Shi'ite men interviewed about adoption, 32 (86 percent) were firmly opposed, with only five men saying that they would consider this possibility.

However, unlike the Sunni Muslim men I interviewed on this subject, 83 percent of whom opposed the idea of gamete donation, only 64 percent of the Shi'ite Muslim men I interviewed opposed this possibility. The increased acceptance of gamete donation among Shi'ite men in my study—nearly 40 percent of whom either agreed with the idea or had already tried egg or sperm donation—reflects two major facts. First, the Khamanei fatwa, issued in the late 1990s, had effectively allowed gamete donation for those supporters of Lebanon's Hizbullah party. Thus, some of the Hizbullah sympathizers in my study were both donating eggs and embryos (although not sperm, to my knowledge), and accepting donated gametes of all kinds. Furthermore, halfway through my study in 2003, the attitudes of Shaikh Fadlallah himself evolved regarding egg donation. Through the practice of *ijtihad*, Shaikh Fadlallah effectively changed his views regarding egg donation, allowing it for infertile couples. In a fatwa issued from Shaikh Fadlallah's Beirut office, he announced that he would permit egg donation for his followers, so long as each infertile couple was "sure prior to taking the eggs that the woman is without husband and without sexual partner and that there must be a 'marriage agreement,' even if temporary, with the donor, otherwise it is not acceptable."

Shaikh Fadlallah's reference to a "temporary marriage agreement" must be understood in terms of another unique feature of Shi'a Islam. Namely, Shi'a Islam allows a form of temporary marriage called *mut'ā* (also called *sighēh* in Iran), which is not recognized by Sunni religious authorities (Zuhur 1992). In Shi'a Islam, *mut'ā* is a union between an unmarried Muslim woman and a married or unmarried Muslim man, which is contracted for a fixed period in return for a set amount of money. It is widely practiced in Iran (Haeri 1989), as well as in other parts of the Shi'a world. In the past, middle-aged and older women who were divorced or widowed often engaged in *mut'ā* marriages for financial support, particularly following the

devastating wars that have affected the Shi'a community in the Middle East. Since the arrival of donor technologies, however, *mut'a* has also been invoked as a way to make egg donation legal within the parameters of marriage. Thus, in both Lebanon and Iran, egg donation is only religiously legal, strictly speaking, if enacted with unmarried female donors who agree to a temporary marriage during the period from egg retrieval to embryo transfer. In return, these donors receive economic compensation for their eggs—and their *mut'a* marriages.

Given these conditions, however, married infertile Shi'ite couples who are truly concerned about carrying out third-party donation according to religious guidelines find it difficult to meet the various requirements, including finding a known egg donor willing to undergo a temporary marriage. Furthermore, for infertile men who need a sperm donor, the issue is even more complicated, for an already married woman (the wife) cannot undertake a *mut'a* marriage with a sperm donor. This would be tantamount to polyandry, which is not allowed in Islam. Furthermore, questions of naming and inheritance arise in Muslim societies that are emphatically patrilineal and where children have first inheritance rights to their father's patrimony, according to Islamic law. The questions thus become: Would the child of a sperm donor follow the name of the sperm donor and receive inheritance from that man? Or would naming and inheritance rights rest with the infertile (social) father, who becomes like the adoptive father of the donor child? These problematic aspects of polyandry and inheritance rights accompanying sperm donation are reflected in wide-scale resistance to sperm donation throughout the Muslim world (Meirow and Schenker 1997), and were reflected in Shaikh Fadlallah's ongoing resistance to the practice for his followers in Lebanon.

Shi'ite Muslim Men's Narratives

These complexities were also clearly reflected in the moral dilemmas faced by infertile Lebanese Shi'ite men in my study, many of whom had severe infertility problems, including azoospermia, or lack of sperm in the ejaculate, but were loath to accept DI as a means of fathering a child. In my interviews with infertile Shi'ite men, they explained to me their resistance to sperm donation, although egg donation was clearly becoming increasingly popular among this study population. Asked to reflect on sperm donation, one Shi'ite businessman, who had spent many years outside of the country, had this to say,

I don't think any Muslim can accept that idea [of sperm donation]. Even in Europe, the majority of the people don't like it. It's very complicated to find yourself with another person's child. "Look at me, look at you." It will complicate your life. And there could be medical matters where the children need assistance. If it becomes public and widespread, it could be problematic. If ten people can be the same looking from the same donor, an anonymous donor, and you're looking for that one guy, you may never find him. So you would have to think about this, because it will affect your life.

One azoospermic electrician in my study was contemplating these kinds of outcomes. Even though he was a member of Hizbullah and was allowed to accept donor sperm, his own *ijtihad*, or moral decision making, led him to reject the idea,

I asked a [Hizbullah] *shaikh*, and it is allowed to bring another sperm from another man. But, no! I wouldn't consider it. If you did it, the wife has to make a *katb bil-kitab* (written marriage contract), because the child will go to her other husband and inherit from him. Shaikh Khamanei said this.

But I thought about this, and I don't feel it's logical—not even 1 percent. Religiously, it is allowed in the *shari'a* [religious law]. But I thought about it, and said, “No, absolutely not.” My wife, she didn't accept it either, even though she knows it's in the *shari'a*. It's difficult. For the woman, it's not difficult to take an egg like it is for the man to take sperm. If you got a child and it's a girl, when she's 15, 16, or 17, she's not my daughter. How would I behave with her? In the religion, I could marry her. So it's very difficult [to accept sperm donation]. I prefer not to have a child, rather than to have a child and always be thinking about this.

Interestingly, this man's inability to accept the idea of sperm donation was eventually reflected in the Iranian Shi'ite position on sperm donation, which changed during the period of my study. Although Ayatollah Khamanei had initially allowed the practice for his followers in Iran (and hence Hizbullah members in Lebanon), sperm donation was officially banned in Iran during the period of my Lebanese fieldwork. A law on gamete donation, which was passed in 2003 in the Iranian *majlis* (parliament) and was approved by the Guardian Council (i.e., a religious “watch-dog” body that endorses every bill before it becomes law), effectively restricted gamete donation to married persons (Tremayne 2005). Because an already married woman of an infertile husband cannot technically marry a sperm donor, even if he is single, sperm donation is now regarded as legally forbidden in Iran. Egg donation, on the other hand, is allowed, as long as the husband marries the egg donor temporarily—thereby ensuring that all three parties are married. Quite interestingly, embryo donation—which involves both sperm and egg from another couple—is allowed to overcome both male and female infertility. Because an embryo comes from a married couple and is given to another married couple, it is considered *hallal*, or religiously permitted (Tremayne 2005).

Having said this, in the Shi'ite Muslim world of Lebanon, where no written law on gamete donation has as yet been passed in the Lebanese parliament and where the IVF industry is largely unregulated,¹⁰ at least some Shi'ite couples are beginning to receive donor eggs, donor embryos, and donor sperm, as well as donating their gametes to other infertile couples in IVF clinics. For those Shi'ite Muslim men who accept the idea of gamete donation, many refer directly to the fatwas that have been issued by Shi'ite clerics, and many of them had obtained copies of these fatwas by going directly to a Shi'ite shaikh.

For example, one Shi'ite couple who had been asked by their IVF physician to donate the wife's extra eggs only did so after inquiring about the permissibility of egg donation at Ayatollah Khamanei's office in Beirut. On receiving an affirmative response, the husband, a Hizbullah sympathizer, explained,

I have no religious problems with this. I follow Sayyid Khamanei more than Sayyid Fadlallah. Actually, we follow Sayyid Al-Khou'i, but he's dead. So in the new things—because we always have new things—we have to go to

Sayyid Ali [Khamanei], especially for scientific things. So, yesterday, my wife was surprised when [the IVF doctor] met her and he told her she has 30 ova! And they asked us if it was okay to give to some people in need. I said, "No problem!" It's not a problem, not a problem in the religion. But, of course, we are Shi'a—not Sunni.

Even though this man made a distinction between the two forms of Islam, Shi'ite men in my study who accepted the idea of gamete donation were similar to Sunni men in terms of valuing their marriages. They often spoke lovingly of their aging wives and their desire to have children by them. As one Shi'ite airport mechanic, whose wife was two months pregnant following a donor egg cycle, explained,

She's pregnant now, with an egg from another female, but sperm from me. I don't know from whom the egg came. [An IVF doctor in the clinic] is doing the treatment, and offered us the donor eggs. I accepted the fact because of my wife—because she's loving and she wants a baby. She wanted to take the eggs from outside; she accepted this. And they told me it's okay in Shi'a Islam. But, for me, it's not because of the religion that I accept this. I accept the fact that the sperm is *from me*, so it's okay. I asked, and they told me it is okay, according to the religion. But I accept it not because of the religion, but because of my wife.

New reproductive technologies, including donor technologies, seem to be giving infertile couples, both Sunni and Shi'ite Muslims, new hope that their infertility problems can be overcome, thereby increasing sentiments of conjugal love and loyalty. Indeed, I have always been struck by the tremendous amounts of love and commitment displayed by Muslim women to their long-term infertile husbands; this has been a major theme of my work in Egypt (Inhorn 1994, 1996, 2003). However, I was equally impressed by my research with Muslim men in Lebanon. Over and over again, men of all social classes, educational levels, experiences of migration, degrees of religiosity, and causes of infertility told me that they loved their infertile wives and would never consider divorcing them, even if it meant living a life without children. When I asked men routinely, "Is this your first marriage?" the most common response was "the first *and* the last," with some men adding emphatically, "I love my wife. She is a good person."

For some of the men in my study, loving one's infertile wife meant taking the plunge into the brave new world of egg donor technologies. For the infertile Shi'ite Muslim men in my study who accepted the idea of egg donation, the introduction of donor technologies was clearly viewed as a "marriage savior," helping avoid the possibility of divorce over infertility that is also allowed in Islamic law. Thus, I met more than a dozen couples who were in the midst of receiving donor eggs, as well as several husbands who asked me if I could help them find a donor for their wives.

Indeed, in Lebanon, the recent Shi'ite fatwas allowing egg donation have been a great boon to marital relations. There, infertile couples are signing up on waiting lists at IVF clinics to accept the eggs of donor women. Some of these donors are other Shi'ite IVF patients, some are friends or relatives, and some are young (non-Muslim) U.S. women, who are being recruited to Lebanon to anonymously donate their eggs to Shi'ite Muslim couples. In the somewhat secretive and surreal climate

that characterizes gamete donation in Lebanon, these Lebanese Shi'ite recipients of midwestern U.S. donor eggs may, in fact, belong to the religiously conservative Hizbullah party, which is officially described by the U.S. administration as a terrorist organization.

How Hizbullah couples feel about the use of U.S., non-Muslim donor eggs is an open question; I was unable to interview any of these couples during the course of my study. However, other Muslim men in my study who were embarking on egg donation with their wives were, in some cases, happy to be receiving the eggs of the “beautiful,” “white” U.S. women who were clearly evident (by virtue of their clothing and demeanor) in the clinic on “egg donor day.” Indeed, the racial background of the donor was significantly more important to these men (and to others in my study) than either the nationality or religion of the donor. This says a great deal about racial preferences and the perceived transmissibility of race (rather than nationality or religion) vis-à-vis donor gametes. Indeed, as egg donation becomes more firmly ensconced in Lebanon, such issues require further investigation. Suffice it to say that egg donation in Lebanon—and some men's willingness to pay “extra” for the eggs of attractive, unmarried U.S. women—is a fascinating subject in the study of science, technology, and religion, the face of which is dramatically changing in the globalizing landscape that is the Middle East.

Conclusion

As stated at the outset of this article, the local moral worlds of adoption and gamete donation in the Muslim Middle East are quite different from the West; solutions to infertility that are regarded as “natural” for Western infertile couples are far from natural for most Muslim couples, whose moral reactions are shaped by Islam. When confronted by the painful fact of infertility, most Muslim men, both Sunni and Shi'ite, cannot accept the possibility of social parenthood via adoption or gamete donation. When contemplating such a child, most men agree that “He won't be my son,” often referring to religious mandates to justify their position. It is worth noting here that the deeply desired male child is the most common term of reference among these men, given the importance of male offspring in Islamic inheritance, as well as preferences for sons that are culturally embedded.

Although IVF has increased infertile Muslim couples' ability to produce cherished offspring, both sons and daughters, it has also led to an accompanying entrenchment of deeply held religious beliefs about the importance of biological descent and inheritance, particularly in the Sunni world. In Sunni-dominant countries such as Egypt, IVF is widely practiced, but gamete donation is strictly banned. This reflects strict adherence to widely circulated and officially accepted Sunni fatwas that prohibit third-party donor technologies altogether.

Yet the globalization of these technologies to other parts of the Shi'ite Muslim world has fundamentally altered understandings of the ways in which families can be made and marriages can be saved through the use of donor technologies. The frankly “adventurous” attitude on the part of otherwise conservative male Shi'ite religious leaders toward third-party gamete donation has led to a potential transformation in marital relations among infertile Shi'ite Muslim couples, who are clamoring for donor eggs in IVF clinics in both Lebanon and Iran (Tremayne 2005). Furthermore,

in multisectarian Lebanon, the recipients of donor gametes are not necessarily only Shi'ite Muslim couples. Indeed, some Sunni Muslim patients from Lebanon and other Middle Eastern Muslim countries are quietly "saving their marriages" through the use of donor technologies, thereby secretly going against the dictates of Sunni Muslim orthodoxy.

As the new reproductive technologies become further entrenched in the Muslim world, and additional forms of global reproductive technology become available, it is important to examine new local moral dilemmas, as well as new manifestations of love and marital commitment that are likely to arise in response to this variant of globalization (Inhorn 2003). As seen in this article, Muslim men who take pioneering moral stances regarding adoption and egg donation often do so to satisfy their wives, who they love and to whom they are kind and loyal. That Muslim men are loving, caring individuals, deeply committed to their marriages, is not an image that has been put forward by the Western media, especially since 9/11. Furthermore, that some Muslim men may be fairly secular, even nonreligious—and hence accepting of scientific technologies and practices that are not condoned by the religion—is an equally obscure image, when compared to those impugning all Muslim men as religious fundamentalists and fanatics. Thus, we need to know more—much more—about Muslim men, including their actual religious practices and thinking, to challenge the abundant stereotypes that serve to vilify them.

In addition, how Muslim men view reproductive health—their own and that of their wives—is a topic worthy of considerably greater attention. In this article, I have attempted to do just that by examining Middle Eastern Muslim men's moral responses to adoption and gamete donation as solutions to their childlessness. Clearly, many Muslim men are choosing to remain in long-term, loving marriages to their infertile wives, even in the absence of adoption and gamete donation as morally acceptable routes to social parenthood. Yet, in Shi'ite parts of the Middle East, newly globalizing donor egg technologies are, in effect, lubricating marital love and commitment vis-à-vis new hopes for technological salvation.

Ultimately, then, it should come as no surprise that the Middle Eastern IVF industry is flourishing—with and without donor gametes, in the Shi'ite and Sunni worlds, respectively. Indeed, when all is said and done, it is the love among infertile Muslim couples of both sects that has brought this industry to the Middle East. And it is this love that will keep the IVF industry alive and well in this region as it faces a troubled new millennium.

Notes

1. Thanks go to an anonymous viewer, who emphasized this point in reflection on the article's findings.

2. Because of struggles between religious sects in the country, Lebanon does not have an official census, which might exacerbate religious tensions.

3. The U.S. military left Lebanon following the bombing of the U.S. Marine barracks and the U.S. Embassy in the early 1980s. Israel occupied Lebanon in 1982 and remained in southern Lebanon until May 2000, well after the war had officially ended. Syria maintained 35,000–40,000 Syrian "peacekeeping" troops in the country (Ellis 2002), until they were withdrawn in 2005.

4. At the time of my study, there were about 15 IVF clinics in Lebanon, mostly in Beirut.

5. Metals found in the blood, particularly lead, are spermatotoxic, thus contributing to male infertility. Analysis of these blood samples showed elevations of a number of toxic metals, especially arsenic, probably caused by groundwater contamination in Lebanon.

6. Some of the men in my study had served in the armed forces or in militias during the civil war. Others had been noncombatants, but were injured. Many had lost family members and loved ones.

7. Although more than 200 men kindly agreed to participate in my study over an eight-month period, many men refused to participate, for reasons that were often unspecified but probably had to do with feelings of diminished masculinity, according to the physicians and nurses in the study.

8. For the entire text of the Al-Azhar fatwa, see Inhorn (2003).

9. In the Muslim world, breastfeeding confers kinship on a child. Thus, two children who are breastfed by the same woman become “milk siblings,” and are prevented from ever marrying. Theoretically, an adopted or donor child could become a “member of the family” through breastfeeding, as noted in this man’s comment.

10. For several years, a prominent Lebanese obstetrics–gynecology professor has attempted to press for legislation to regulate the IVF industry in that country. Publicly, he opposes gamete donation; privately, he offers it to his patients. Like most IVF physicians who offer sperm donation to their patients, he recruits Lebanese medical and graduate students as “intelligent” sperm donors.

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