table. Many men are willing to spend their life's savings to seek repeated cycles of IVF and ICSI. Most men in infertile marriages undergo scores of semen analyses, even "going under the knife" in search of a solution for the childlessness.

In short, emergent masculinities in the Middle East bespeak both conjugal love and enduring commitment. All of the stories in this chapter have shown that husbands and wives often love each other deeply and usually remain together in long-term marriages even in the absence of children. Divorce is not the necessary consequence of infertility that it is assumed to be, especially in the contemporary era of IVF and ICSI. These technologies are giving infertile couples hope that their infertility problems can be overcome, thereby cementing sentiments of conjugal love and loyalty. Significantly, this is true for both female and male infertility. From the "demand" side then, it is conjugal love that has created a flourishing market for both IVF and ICSI in the region. Even in relatively "closed" societies such as Syria, love means taking the plunge into the brave new world of assisted reproductive technologies.

CHAPTER 4

Consanguineous Connectivity

Abbas and the Family "Line"

When I arrived in Beirut in January 2003, Abbas was the first man to volunteer for my study. As it turned out, he had lived in the United States for seven years, felt favorably toward America, and wanted to practice his English skills with an American anthropologist. That Abbas volunteered to participate proved to be an auspicious beginning for me in Lebanon. In our interview, which took place in both Arabic and broken English, Abbas proved to be a lively, even jolly interlocutor, who nonetheless wanted to share his deep heartache over aspects of his life that were beyond his control, including his medical condition.

Abbas was a tall, robust, sandy-haired man with a large moustache, which, along with his weathered skin, made him look much older than his thirty-four years. A Shia Muslim from a tiny, tobacco-growing village in southern Lebanon, Abbas came from a family of eleven children, as had his father before him. Abbas considered the latter fact quite remarkable: his grandfather, though missing a testicle, had still managed to produce nearly a dozen healthy offspring, thereby continuing the family line.

Abbas and his siblings loved their large family and the peaceful life in their small hometown, until the Lebanese civil war broke out in 1975. Then, Abbas, still a sophomore in high school, was drafted into the Lebanese marines. He was lucky to survive his two-year period of conscription. When he was released from the military, he first took refuge from the war in the neighboring island of Cyprus, then in America, where he worked at odd jobs in New York City. In the United States, Abbas found many young American women who were willing to help him with his English and to explore his as yet untapped sexuality. Abbas bragged that he had had many girlfriends in "*Amrika*," but he was careful to use condoms to prevent an unplanned pregnancy. Meanwhile, through messages sent back to Lebanon, he began to court a respectable young woman, Fatima, his *bint 'amm*, or his father's brother's daughter (FBD). Not only did she fulfill the ideal category in Middle Eastern practices of first-cousin marriage, but Fatima was also Abbas's love interest, and he was happy that his affections were reciprocated.

At the age of twenty-five, Abbas returned to Lebanon, where he married Fatima within a year. However, no pregnancy occurred within the first two years of marriage. The young couple consulted several gynecologists. Whereas Fatima was deemed to be healthy and fertile, Abbas was shown to be azoospermic, without any sperm in his ejaculate.

Multiple, painful testicular biopsies proved that Abbas was producing sperm in his testicles. But the sperm were trapped inside, because Abbas was lacking a vas deferens, the testicular vessel involved in sperm transport. Abbas described with painful eloquence how he felt when he learned this shocking news,

> We asked the doctor about what I can do, and he explained to me that there's nothing I can do. Everything else is okay, wonderful. I have sperm inside, and I "come" [ejaculate] when I make love with my wife and it's wonderful. It's "the line" [vas] I don't have. It's not only me; it's my brother and one cousin. I asked the doctor why this happened. The doctor explained to me, "It's biology. It's coming from your mother and father. It's coming to the men in your family."
>
> This problem changed my mind, my life, my prayers. I asked God, "Don't leave me to be like this, never to have children." It broke my life. I want to have my own children too much. I thought about divorce many times. My brain "moved" a lot [he motioned to his head, circling his hand around it]. I thought about my life, my wife, and it was a very, very dangerous period [i.e., he suggests that he was suicidal].
>
> But the first and last is my God. He sees everything. And I decided to leave that to God. If he wants to help, he'll help, but I can't do anything. It's not between your hands or in your brain. This is God's will. I prayed to my God, and I stayed to myself [during this period], even though my wife and I talked and talked, all night some times.
>
> Nobody can know how I felt. . . . you don't know how I was feeling inside. Anybody who has this problem, he can feel it. [Addressing the anthropologist] You're a doctor, so you can feel it. But other people have no idea how it feels [to be faced with this problem].
>
> About myself, about me, I'm okay now. I looked to my God, and this is what happened to me. I realized that there was not anything wrong with me. I was born with this. Not from a disease. There was nothing I did wrong, and nothing I can do. I am Abbas. I don't need it [a vas deferens] or children. You have to believe in yourself. You have to take care of that first. When you feel like this, then nobody will act differently toward you. I realized that it's not my problem if I don't have the "line."

> All my family knows [about his medical problem]. I can't keep it from them. Everybody was crying with me when I told them. Everybody thought about this problem and tried to help me. We sold land, 2,000 square meters, and I spent all of that for treatment.

The "treatment," Abbas came to realize, was ICSI. ICSI can create children for men with a congenital absence of the vas deferens through extraction of sperm directly from the testis. Nonetheless, ICSI can also perpetuate genetic disorders into the next generation, particularly among male offspring. Congenital absence of the vas—the condition that Abbas, his brother, and cousin all carry—is a definitive marker of the autosomal recessive cystic fibrosis gene. If their wives, who are relatives, carry this familial gene as well, then their children face the threat of cystic fibrosis, an inherited condition of the mucus glands, which leads to debilitating lung and digestive problems and death in early adulthood. When absence of the vas deferens occurs alone without these other symptoms, it is considered to be a mild, genital form of cystic fibrosis. For his part, Abbas was never told about his cystic fibrosis carrier status, or if he was counseled, he failed to understand the seriousness of this genetic threat to his future offspring.

With the help of ICSI, Abbas and his wife were able to bear a son, who was nine months old at the time of the interview. Abbas proudly described him as a "special boy," highly intelligent even though he was still too young to talk. Furthermore, when I met Abbas at the IVF clinic, he was in the process of helping his younger brother, now a resident of the Netherlands, to obtain ICSI in Lebanon. Abbas was profoundly grateful to the Beirut IVF clinic for giving him the gift of an ICSI son, and he wanted to share this blessing with his younger brother. Yet, Abbas was not aware of the debates surrounding ICSI, a technology that "assists" reproduction, while at the same time "reproducing" genetic disorders in the next generation.[1] If both Abbas and his brother are lucky, their ICSI offspring will be spared from painful deaths via cystic fibrosis. However, their sons will share the genetic destiny of their fathers—namely, serious male infertility, linked to cystic fibrosis, the likely consequence of generations of consanguineous unions, or cousin marriage.[2]

The Importance of Family

Abbas's story speaks to the importance of family—not only Abbas's desire to create a family of his own but also the support he receives from his natal family members in his darkest hour of need. Like so many other young Middle Eastern men, Abbas chose to marry his female cousin Fatima out

of love and affection, as well as family expectations. Cousin marriage—known more formally as consanguineous marriage—is a common practice across the Middle Eastern region, from Morocco to Iran. However, consanguineous unions may perpetuate life-threatening genetic conditions such as cystic fibrosis, and may be the single-most important reason why male infertility rates across the region are so high, as we shall see.

Abbas is beset by a particularly intractable form of male infertility—what he understands as the absence of a crucial "line" to carry the sperm out of his body. The notion of a "missing line" has multiple meanings in Abbas's life. On the one hand, Abbas cannot perpetuate his family line if he does not reproduce. Yet, assisted reproduction through ICSI to overcome Abbas's missing "line" (vas deferens) means that male infertility and potentially cystic fibrosis will be carried to the next generation.

Most men in the Middle East ardently desire children, not only to fulfill dreams of fatherhood but also to carry on the "family line." When impediments to achieving this goal occur, families are often called upon to assist reproduction through various kinds of material and emotional support. This is perhaps especially true when an infertile couple is in a consanguineous union. In these cases, the extended family has a vested interest in ensuring the couple's future reproduction. I use the term *consanguineous connectivity* to signal the importance of these kinds of consanguineous, or "blood" ties—not only between married cousins but also between extended family members invested in a couple's fertility. The term derives from *patriarchal connectivity*, which, as noted in the preceding chapter, was coined by anthropologist Suad Joseph, the leading theorist of Middle Eastern family life.[3] In order to understand what I mean by consanguineous connectivity, it is important to examine what Joseph meant by patriarchal connectivity in her original formulation.

In an attempt to index the ongoing strength of family bonds in the Middle East, Joseph has argued persuasively that love and emotional commitment exists *within* patriarchal power structures. Patriarchy is evident when senior men (i.e., fathers, uncles, older brothers) exert their dominance and authority over women (i.e., wives, sisters, nieces, daughters), as well as junior males (i.e., sons, nephews, cousins) in the extended family. However, such gendered and aged patriarchy is not antisocial. As Joseph shows in her ethnographic research from Lebanon,[4] Middle Eastern men are socialized to be deeply enmeshed in family structures. Fathers love and care for their children, sons show lifelong commitment to their mothers and sisters, and men love, protect, and marry their female cousins, even if these males are also expected to demonstrate relations of dominance over the women in their lives. According to Joseph, socialization within Arab families places a premium on connectivity, or the intensive bonding of individuals through love, involvement, and commitment. As Joseph writes,

> I use connectivity to mean psychodynamic processes by which one person comes to see himself or herself as part of another. Boundaries between persons are relatively fluid so that each needs the other to complete the sense of selfhood. One's sense of self is intimately linked with the self of another so that the security, identity, integrity, dignity, and self-worth of one is tied to the actions of the other. Connective persons are not separate or autonomous. They are open to and require the involvement of others in shaping their emotions, desires, attitudes, and identities. . . . The concept of connectivity is useful in characterizing the social production of relational selves with diffuse boundaries who require continuous interaction with significant others for a sense of completion.[5]

Joseph notes that connectivity can exist independently of patriarchy and probably occurs in most cultures in which individuation, autonomy, and separation are not valued or supported. In such cultures, family members are generally deeply involved with each other, expecting mutual love, exerting considerable influence over each others' lives, prioritizing family solidarity, and encouraging subordination of members' needs to collective interests. Persons are thus embedded in familial relational matrices that shape their deepest sense of self[6] and serve as a source of security when the external social, economic, and political situation is uncertain.[7]

Joseph developed her theory of patriarchal connectivity through long-term ethnographic engagement in Lebanon, the site of my own masculinities research. There, patriarchal connectivity has served as a kind of ballast against the politics of uncertainty, in a country that has undergone more than thirty years of civil war and external military occupation. Abbas's story is a case in point: mandatory conscription into a devastating civil war disrupts Abbas's education, turns him into a refugee, delays his marriage, and renders him undereducated and hence economically vulnerable. As a long-distance trucker, Abbas makes only $500 a month—not nearly enough to cover the costs of an ICSI cycle, which at $5,000, is ten times his monthly salary. Only by turning to family is Abbas able to afford the ICSI procedure. With a large and deeply emotionally connected family at his side, Abbas is able to pursue ICSI through his family's willingness to convert valuable, communally held farmland into cash. The result is the birth of Abbas's precious son—the tangible continuation of the family line.

Given the importance of family, fertility rates across the Middle East have tended to be high, especially in the generation of Abbas's parents and grandparents.[8] Like Abbas, most men in my study came from large—even huge—families, with an average of six children. A full 84 percent of men in the study came from families with at least four children. Almost half (47%) of families comprised four to six children, and more than one-third (37%)

comprised seven or more children, with twenty being the largest sibling set. Only 16 percent of men came from families of one to three siblings, either because they were Christian Orthodox or Protestant (whose natality rates are lower than those of Muslims and Catholic Maronites), or because parents had died, divorced, lost children through neonatal mortality, or experienced fertility problems. Families with only one or two children were relatively rare (only 7%) and were virtually all due to reproductive disruptions and deaths.

Men in the study tended to speak of their families—and especially their parents—with great respect and fondness, telling me how their families had sacrificed to invest in their educations or to spirit them out of the country during the civil war. Men's geographic and professional mobility were often the direct consequence of familial investments. For example, although men in this study were from virtually all social strata, the majority of them were educated—with at least a junior high or high school diploma—and many had advanced degrees (fourteen years of education was the mean). Reflecting Lebanon's relatively high literacy rates compared to other Middle Eastern countries, nearly all of the men in this study were literate in Arabic, and some in English as well, a finding that is unusual for the region as a whole. Exactly one-third of the men in the study were highly educated professionals, mostly engineers and architects (16% of all men in the study), but also health care workers (physicians, dentists, nurses, psychologists); educators (professors, principals, teachers); and economists, journalists, and diplomats. Reflecting Lebanon's entrepreneurial spirit, the majority of men in the study were in some form of business (39 percent), and of these, nearly 40 percent owned their own businesses, from small shops to large factories in West Africa. Government civil servants, including those in the police and military, made up 10 percent of the total sample. The rest were blue-collar workers (17 percent), including many drivers, construction and factory workers, electricians, and mechanics. Finally, a small number of men in the study were farmers or shepherds and one was a cleric. The wide distribution of occupational categories is reflected in table 8.

Although most of the men in the study were gainfully employed, salaries were actually quite low, reflecting the postwar economic crisis in a country where currency devaluation has been coupled with crippling rates of inflation. At the time of my study in 2003, Lebanon faced debts estimated at $32 billion, or 180 percent of gross domestic product (GDP)—a budget deficit to GDP ratio reaching 16.6 percent.[9] In 2002 unemployment figures ranged between 12 and 25 percent, making at least one-third of the Lebanese population at risk of poverty. According to a United Nations development report,

TABLE 8. Men's occupations, N (%)

Educated professional	*71 (32)*
Businessman	*50 (23)*
Blue-collar worker	*38 (17)*
Business owner	*31 (14)*
Civil servant	*23 (10)*
Farmer	*6 (3)*
Cleric	*1 (1)*
Total	220 (100)

> Lebanon witnessed during the last few years additional pressures due to a dramatic drop in economic growth, which reflected negatively on the class structure by a widening of the social gap: a destitute majority, a very small class of the extremely wealthy and a dramatic reduction in the middle class. Studies indicate that around 61.9% of the Lebanese households fit in the low-income bracket, and that 12.9% are in the below 70 U.S. dollar per capita group. The decline of the middle class is due to economic stagnation and soaring unemployment. Studies indicate that unemployment rates reached 21% in the year 2001.[10]

Although none of the men in my study claimed absolute impoverishment, economic distress and accompanying psychological stress were abiding themes of men's narratives. I questioned all the men in my study about their monthly income levels. If we assume that their reporting was accurate, most men in the study made between $1,000 and 2,000 per month, with annual household salaries of significantly less than $20,000. Like Abbas, many men were making significantly less than $1,000 per month, resulting in annual incomes of less than $12,000. Even "middle-class" educated professionals in my study were "low income" compared to their counterparts in the United States. For example, most of the engineers and physicians reported monthly salaries of less than $2,000—low earnings that have been confirmed by an American University of Beirut study, which shows that the average Lebanese physician makes approximately $2,000/month.[11] According to some of the doctors in my study, $2,000 per month was a "good" middle-class salary; some Lebanese physicians made half that amount.

Men in my study criticized the increasing class stratification of Lebanese society, the war-related devastation of a solid middle class, the dramatic postwar decline in economic security, and their overall distrust of the government. Their economic lamentations, especially in the context of high-cost ICSI demands, were a constant theme. For example, as soon as I sat down with Maroun, a Christian Maronite dental surgeon, he asked me what I thought of Lebanon. Before I could even formulate a response, he launched into a tirade about the politics of economic uncertainty, as follows,

> Fifteen to twenty percent are making $250 a month—that's one-fifth of the population. And forty percent of the population are even poorer than that, living below the poverty line. Some studies say that—published in the [news]paper one or two years ago. Sixty percent are just living; they just can afford to make a living. And then ten to fifteen percent are very, very rich. But those rich before the war are not the same as the rich now. Before the war, $1 U.S. was equal to 2.5 Lebanese lira. Now $1 equals 1,500 Lebanese lira. There was profound devaluation of the Lebanese currency. So if you were rich before the war, you lost all of your money. And the political situation is getting worse, bringing the economic situation down with it. People are tired from fifteen years of war, and the economy is very, very bad. People are feeling very, very low.

Maroun continued without pausing,

> I know one guy who has seven girls. All his daughters are leaving. Even girls now, for the first time in Lebanon's history, are leaving. [Is this because they can't marry?] It's not only because of marriage. It is mainly the economic situation. Imagine: doctors in some cases are making $500 a month. This is very, very stressful, especially the economic situation. You have to pay two bills for electricity, two bills for water, two bills for the phone. [Why two?] Because for electricity, you have to pay the government, but because of power failures, you have to have your own generator. For water, you have to have your own source. And a mobile phone. We have a lack of water and power and phones in this country. For phones, it is better now, but for water and electricity, it's still not there.

Another Lebanese man named Amer, who had left the country during the war to make a life in Egypt, described the Lebanese as "living in fear,"

> In Lebanon, *all* the people have problems with money. If you enter a hospital, you can't know how much you will have to pay once inside. If you have a good income, you can end up paying more than $20,000. But if you don't, there is no humanitarianism. So there is a fear in Lebanon of these things. You always live in fear of any emergency. For example, in America, if your income is cut for some reason, your country will pay for you at least to live. But there is nothing like that here. There is no subsidized medicine here. It is something like trade. Medicine here is trade. And it's not *only* medicine, everything here is trade. *This* is the problem.

Amer continued by telling me a story of his friend, a Lebanese army colonel,

> They wouldn't let his wife enter the hospital, because "our hospital doesn't have a contract with the army." She was an emergency case, and they didn't take her inside! Even for primary, immediate care, they didn't admit her. Because *this* hospital has no contract with the army, and he's a colonel in the army. Even though she was bleeding to death from an accident, they would rather let her die. If he's a colonel in the army, just think about simple people: How are they going to get care? All of Lebanese society is always living in fear of this.

As shown by Joseph and others,[12] throughout the war years and in war's aftermath, Lebanese have tended to rely heavily on family networks to sustain them through hardship. When individuals are ill, family members often rally to the cause, pooling resources needed to pay for health care. Family aid constitutes a vital resource in Lebanon, literally rescuing family members in times of acute medical need. A cell phone shop owner named Mahmoud, whose family members had mostly migrated to Michigan during the war, described the "Arab family" in this way,

> In Lebanon, in the Arab family, everyone cares about someone else. In Europe, when someone becomes eighteen, he makes his own decisions. Here in Lebanon, it's different from there. The whole family cares for each other. For example, I am age thirty-six, but I go every day to my father. He has depression until now, because my two brothers died [in the war, when they were kidnapped and killed in Beirut]. For the first one to two years, he was really in a bad depression, and he's still depressed. He takes medication. Every day, if he doesn't take the medicines, he has nervousness. So, every day I go and I kiss his hand. I go straight from work and get his medicines. Children do take care of their parents here and are important for that reason, I think. In America, if I want to go to the hospital, I don't pay money. But in Lebanon, there is no safety net. If someone is not there for you, you die.

Both Amer and Mahmoud are correct in their assessments. It is estimated that approximately 40 percent of the Lebanese population lacks any form of medical insurance, and that health care provided by both private-sector physicians and nongovernmental organizations such as the Red Cross and Red Crescent is beyond the financial reach of more than 80 percent of the Lebanese population.[13] Furthermore, public health care facilities were either destroyed or left to deteriorate during the war period. Although there are nineteen government hospitals in different districts of Lebanon, most of them are completely inactive. According to a recent United Nations (UN) report, "In some cases, public hospital services have deteriorated to such an extent that they lack all basic supplies and equipment as well as the necessary staff."[14]

Health care staff also left Lebanon in large numbers during the war years. Although there has been some return of qualified personnel, particularly physicians, during the new millennium, salary levels remain so low that many doctors are forced to seek extra employment in the private health care sector.[15] As a result, Lebanon now has among the highest ratios of private doctors per capita in the region. Although this partially offsets the erosion in the public health sector, "it has not contributed to a meaningful improvement in health care in general," according to the UN report.[16]

Given this context, most of the men in this study were not covered by any form of health insurance, relying on out-of-pocket payments mostly to physicians in the private sector. Only three groups of men in the study—namely, engineers, lawyers, and government employees (including teachers, police, and men in the armed forces)—had access to health insurance as part of their employment status or through membership in professional syndicates. For example, all government employees in Lebanon are entitled to *daman*, or health insurance provided through the National Social Security Fund (NSSF). But this coverage often restricts employees to Ministry of Health or military medical facilities. A former teacher, who used to be covered by the NSSF, complained about the lack of coverage for ICSI, although his complaints were tinged with humor,

> There are three things that are not covered by insurance, including the Ministry of Health and Social Security: dentistry, IVF, and brain surgery! IVF is not covered by insurance, like teeth! For example, there are certain types of injections not covered, because they know these injections are for IVF. If they see these types of medicines on your account, they would tear the paper and not pay for them. So I'm paying by myself. It's about $1,000 or so for ICSI, and the medicines are also $1,000, so altogether it's about $2,000. I'm just accepting the price. We're not buying vegetables, so I can't complain about the price!

The thirty-five engineers and architects in my study, all of them belonging on a mandatory basis to the Order of Engineers and Architects, were happy with their medical coverage in early 2003, as they received up to $3,500 per year for infertility treatment, including the costs of IVF or ICSI. Any excess costs, including in some cases the expensive hormonal medications, which can cost $1,500–2,000 per cycle, were to be covered out of pocket. However, by mid-2003, reflecting economic decline in the country, the engineers'/architects' benefit was reduced from $3,500 to only $1,000 per year. This left members frustrated. As one of them said, "I benefited last year, because with $3,500, I was able to do ICSI twice. So I was surprised to hear that our Order of Engineers reduced the fees this year. I wrote to the president of the Order to say that this is ridiculous. It is more honest to just stop the coverage, because it covers so little."

The cost of private health insurance—at about $2,000 per year for a husband and wife—was roughly the cost of one ICSI cycle in some clinics. Having private health insurance was seen as useful for hospitalizations and medical emergencies. But the few men in the study who could afford private health insurance noted that it did not cover most of their exams, blood analyses, or ultrasounds, all of which are routine parts of an IVF or ICSI cycle. Thus, in Lebanon, as in most of the Middle East,[17] individuals must pay out of pocket for health care, including for ICSI.

ICSI: A Family Affair

Given this background, it is no surprise that infertile men such as Abbas must turn to their families for help. Investing in IVF and ICSI is one of the ways in which families in Lebanon and other Middle Eastern societies care for each other. ICSI has become a "family affair"—a way to demonstrate love and concern for infertile family members through financial contributions and emotional succor. In Abbas's case, his family first "cried with him," then rallied to sell off prime farmland to finance his ICSI cycle. In the preceding chapter, we saw that Ibrahim and Mayada had borrowed money from both of their families—money that Ibrahim swore he would pay back and which fortunately led to a triplet pregnancy. Similarly, Kamal and Nura had received financial aid from both family and friends in their tight-knit Druze community. Kamal's niece had also offered to become pregnant and deliver an infant simply to overcome Kamal and Nura's eighteen years of childlessness. Muhammad and Nafisa, who had escaped the social pressure of their childlessness in Syria, were receiving annual gifts of $2,000 from Nafisa's Syrian parents, who had taken this money out of an inheritance from the grandparents' generation. As bad as the situation is in Lebanon, it is worse in neighboring Syria. The twenty men in my study who had come across the Syrian border to pursue IVF or ICSI in Lebanon

had monthly salaries ranging from $150 to $4,000 a month. If the five Syrian men making more than $1,000 per month were eliminated from this group, then the average monthly salary was $318, even among highly educated professionals. As one Syrian engineer put it, "ICSI is $5,000, but the average salary in Syria is $150 a month. I'm an engineer, and I make $150 a month. Obviously, money is my main concern." In short, for ordinary, working-class Middle Eastern couples in Lebanon, Syria, and beyond, ICSI is well beyond their financial means, making resort to families a necessity.

I asked more than 150 men in my study whether their families knew they were undertaking ICSI and whether they were receiving any form of familial support. The level of family involvement was striking. Nearly 30 percent of men said that "all of the family"—their own and their wives'—knew about the infertility and the ICSI quest. An additional 60 percent had informed at least one family member, usually a mother, both parents, or siblings. Twenty-four couples in the study were receiving financial aid, either from parents or from siblings and cousins, especially relatives living overseas. Even when families were too poor to provide financial aid, they were heavily involved in "encouraging" their sons and daughters to try ICSI, often seeking information about local physicians and IVF clinics. Eighteen families had physician relatives, upon whom they relied heavily for medical information, physician referrals, injections, and general monitoring of their cases.

Female relatives did the "accompanying." In IVF clinics across the region, waiting rooms are packed with female relatives—mothers, mothers-in-law, sisters, sisters-in-law, aunts, female cousins, nieces, and occasionally IVF daughters. In Lebanon, whole waiting rooms are sometimes turned into "grandmothers' space," as worried mothers wait for their daughters and daughters-in-law to emerge from "the operation." There were days in my study when waiting rooms were draped in black—full of elderly widows veiled in black from head to toe. At other times, I mistook "youthful" grandmothers clad in Western fashions and coiffed blonde (dyed) hair as men's wives (much to the amusement of their sons). Furthermore, when men sat with their mothers-in-law in waiting areas, they were often sitting with their own aunts—who, by virtue of arranging a cousin marriage, had become both "auntie" and mother-in-law to these men. These female-intensive waiting areas were sometimes stressful spaces for men, as we will see in the next chapter on masturbation and semen collection. But, in general, female accompaniment during ICSI procedures was seen as comforting and supportive to men's wives.

To reiterate, ICSI is now a family affair. The "coming out" of male infertility as a problem to be overcome by ICSI has drawn the Middle Eastern family in. The deep stigmatization, secrecy, and moral taint that I found in my mid-1990s research are no longer so prevalent.[18] The majority of infertile couples today are disclosing their problems to family members, who encourage them to head directly to an IVF clinic. The acknowledgment of IVF as a solution for female infertility has softened families' patriarchal pressure on sons to divorce their infertile wives, which has always been a lamentable problem across the Middle East.[19] In cases of both male and female infertility, families are now encouraging infertile couples to undertake IVF or ICSI, often paying for these expensive technologies and praying for their success. In doing so, they demonstrate their loving connectivity toward their kin.

Consanguineous Connectivity

An additional reason for this high level of family involvement is consanguineous connectivity, or the tendency to marry "blood" relatives as a signifier of familial closeness. Abbas's family story is an example par excellence of consanguineous connectivity—namely, a large extended family bound together by love *and* by generations of interfamilial marriage. However, Abbas's family story also exemplifies the embodied consequences of consanguineous connectivity. Three issues are of particular significance: First, infertility sometimes occurs in consanguineous unions. Second, male infertility cases may co-occur in intermarried families. And, third, consanguineous unions may be a risk factor for male infertility in the Middle East.

Consanguineous unions occur in 16 to 78 percent of all Middle Eastern marriages, according to a variety of recent studies (see table 9).[20] Between 8 and 30 percent of these marriages are first-cousin marriages, or the closest form. Of all of the Middle Eastern countries reported, Lebanon has the lowest rate of consanguineous marriage, particularly among the Christian population. Nonetheless, nearly one-third of all Lebanese Muslims and nearly 17 percent of all Lebanese Christians marry consanguineously (even if technically forbidden by some Christian sects).

In my own study of 220 Lebanese, Syrian, and Palestinian men, exactly 20 percent were married to their cousins. Rates of consanguineous union were much higher in the parental and grandparental generations. Fully two-thirds of Muslim men and one-fifth of Christian men in the study were the product of first-generation (parental) or second-generation (grandparental) consanguineous unions or both, indicating the intergenerational pattern of this practice in many families.

Significantly more of the *infertile* men were the offspring of prior consanguineous unions, suggesting that this form of marriage may produce infertile male offspring (table 10). Many infertile men in the study also had infertile brothers, and some had other infertile male relatives, as in Abbas's case. More than 40 percent of infertile men in my study could

TABLE 9. Rates of consanguineous marriage in the Middle East (%)

Country	*Consanguineous Unions*	*First-Cousin Unions*
Algeria	36.4	—
Bahrain	32	—
Egypt	29–39	11.4
Iran	23–78	—
Jordan	51.3	32 (declining)
Kuwait	35–54.3	26–30.2 (declining)
Lebanon	29.6 Muslim, 16.5 Christian	17.3 Muslim, 7.9 Christians (declining)
Libya	46.5	—
Mauritania	60.1	—
Oman	54	34 (stable)
Qatar	46	—
Saudi Arabia	54–57	31.4–41.4
Sudan	65	—
Syria	38	Declining
Tunisia	40.2	—
Turkey	21.2	—
United Arab Emirates	50–54	30 (increasing)
Yemen	—	32 (increasing)

identify other known cases of male infertility in the immediate family, particularly among brothers, first cousins, uncles, and, in some cases, fathers.[21] In addition, infertile men with the most severe cases of oligozoospermia and azoospermia were significantly more likely to be the offspring of first- and second-generation consanguineous unions (see table 11). Among this "most infertile" subset, nearly half of all men were born from consanguineous marriages among parents, grandparents, or both. Clearly, these findings suggest that consanguineous marriage over generations may lead to familial patterns of male infertility.

Not surprisingly, a growing literature suggests that genetically based sperm defects cluster in families and may be linked to ancestral consanguineous unions. For example, recent studies conducted in Italy show that consanguineous unions are highly correlated with rare genetic sperm defects.[22] These defects include a range of syndromes that impact sperm morphology and motility and may be transmissible to male offspring. The researchers conclude that male infertility may be heritable and may cluster in families and communities, depending upon the level of consanguineous marriage in the general population.

TABLE 10. Men's consanguineous marriage status and familial infertility

	Infertility Status	
	Infertile, N (%)	*Fertile, N (%)*
Consanguineous marriage with wife		
Wife not related	101 (84.2)	73 (75.3)
Wife: maternal cousin	8 (6.8)	16 (16)
Wife: paternal cousin	10 (8.5)	7 (7)
Wife: both paternal and maternal cousin	1 (0.9)	1 (1)
Consanguineous marriage of men's parents and/or grandparents		
None are related	66 (54.1)	60 (62.5)
Parents or grandparents are related	34 (27.9)	28 (29.2)
Both parents and grandparents are related	22 (18)	8 (8.3)
Infertility problems in men's families		
Male factor (brother, cousin, uncle)	42 (35)	11 (11)
Female factor (sister, cousin, aunt)	5 (4.2)	6 (6)
None	70 (58.8)	83 (83)

TABLE 11. Consanguineous marriage and family clustering of male infertility

	Severely Oligozoospermic and Azoospermic Men, N (%)
Distribution of consanguineous marriage	
None	33 (50)
First or second degree	19 (28.8)
Both first and second degree	13 (19.7)
Distribution of male infertility problems among close relatives	
None	38 (57.6)
Male factor	5 (37.9)
Female factor	2 (3.0)

As a result of advances in the field of genetics, it is now realized that male infertility cases, particularly those that are severe, are often due to genetic abnormalities. Indeed, "a virtual explosion in the identification of genes affecting spermatogenesis has occurred" in recent years.[23] A vari-

ety of abnormalities in both the Y and X chromosomes, as well as genetic abnormalities of the hypothalamic-pituitary-gonadal axis involved in the production of reproductive hormones, are now well-established causes of male infertility.[24]

Probably the most frequent genetic cause of infertility in men involves microdeletions of the long arm of the Y chromosome, which are associated with spermatogenic failure.[25] In men with such Y microdeletions, the spermatozoa will always be infertile, because these genetic alterations are incurable and will be present throughout a man's lifetime.[26] Such deletions are manifest in a variety of sperm defects, including defects of the sperm head (e.g., round heads, heads with craters) and sperm tail (e.g., stunted, immotile, or detached tails).

According to a recent overview of genetic mutation research, Mediterranean populations, and Muslim Mediterranean populations in particular, rank highest in the world in terms of increased frequency of congenital malformations and recessive disorders linked to consanguineous marriage.[27] As shown in *Genetic Disorders among Arab Populations*, Arab populations have high frequencies of autosomal recessive disorders, homozygosity of autosomal and X-linked traits, and a plethora of new genetic syndromes and variants, the majority of them autosomal recessive.[28] In clinical settings in the Arab world, consanguineous unions may lead to offspring with congenital malformations, mental retardation, blindness and deafness, sickle-cell anemia and thalassemia, cystic fibrosis, congenital hydrocephalus, Down syndrome, and specific metabolic diseases.[29] Recent studies have also linked consanguineous unions to a range of poor child health outcomes, including neonatal diabetes mellitus, low birth weight, and apnea (cessation of breathing) associated with prematurity.[30]

Although male infertility has never been definitively linked to the practice of consanguineous marriage in the Middle East, genetic studies of this condition are beginning to emerge from the region.[31] As seen in the previous chapters, male infertility cases make up 60 to 90 percent of the patient case load in many IVF clinics there. Furthermore, men often present with severe oligo-, astheno-, and teratozoospermia, as well as azoospermia of nonobstructive origin. According to nearly all of the Middle Eastern IVF physicians I interviewed, a genetic etiology, probably linked to consanguineous marriage over time, is the primary cause of these frequent and severe male infertility problems. As one physician explained it,

> Scientifically, of course, the relationship between azoospermia and severe oligozoospermia and Y deletions is well proven. The problem here is that there are a lot of interfamilial marriages, especially among certain sects. The Druze want to marry a Druze. The Maronites want to marry Maronites. You must only marry within one sect. And most of Lebanon is made up of small villages, where people tend to marry their cousins, their first cousins. This has really increased the prevalence of Y microdeletions. The increased risk of male infertility is due to this, I think.

Another physician who worked in an IVF clinic that served primarily Shia Muslims said,

> Here, male factor infertility by itself is at least 50 percent—*at least* half of cases. Plus we see *very severe* cases—severe oligozoospermia, severe asthenozoospermia, maybe 13 percent of men with nonobstructive azoospermia. Definitely the nonobstructive [azoospermia] cases are high here, and most recent studies show that nonobstructive azoospermia is due to Y microdeletions. So it's a genetic factor here.

An embryologist who worked in the same clinic added her thoughts about the many azoospermia cases,

> We have a lot of cases of men with no sperm, so we have to do testicular aspirations. For example, today, there were two. One had no sperm, and in one, we found sperm. But he was a repeater, and this is the first time we've ever found any sperm. Most of these cases are nonobstructive azoospermia, where the testicles are small and hard to aspirate. I don't know if it's something familial, but, if you ask, other men in the family also do not have babies.

The tendency of male infertility to run in families is an observation made by both patients and clinicians in the Middle East. Whereas clinicians attribute the problem to genetics (specifically Y microdeletions) and consanguineous unions, patients invoke *wiratha*, "heredity," without linking the problem to consanguineous marriage per se. Instead, consanguineous marriages are socially accepted across the Middle Eastern region, as shown in table 9.

The Middle East does not stand alone in this regard. Consanguineous marriage is a socially sanctioned institution throughout much of the non-Western world, and is supported by many major religions. For example, in the primarily Hindu states of South India, marriages between close relatives occur in 20 to 45 percent of all cases, with uncle-niece and first-cousin marriages, usually mother's brother's daughter (MBD), the preferred form.[32] Before World War II, MBD first-cousin marriages were also quite common among the Han of China, who make up about 90 percent of the total Chinese population. Similarly, Buddhists, Christians, Jews, Parsees, and Druze living in Asian countries frequently marry their kin. Anthropological and ethnographic surveys have also reported cousin marriage

rates of 35 to 50 percent across sub-Saharan Africa.[33] Contemporary Western nations have generally prohibited consanguineous unions, particularly with first cousins, either religiously or legally. However, it is noteworthy that 0.5 percent of North Americans and Western Europeans marry their cousins,[34] and legal statutes in many American states disallow first-cousin marriage but allow consanguineous unions with other relatives of varying degrees.[35]

Among the world religions, consanguineous marriage finds it highest level of support within Islam, with the Prophet Muhammad having married his daughter Fatima to his first cousin Ali. In Middle Eastern Muslim societies, first-cousin marriages—especially patrilateral parallel, that is, father's brother's daughter (FBD) marriages (*bint 'amm*)—are the preferred form, a preference that is unique to the Middle East. In such cases, partners have at least one set of grandparents in common, and sometimes two.[36] In the various regions of the Muslim world, including North and Sub-Saharan Africa, the Middle East, Central, South and Southeast Asia, 20 to 55 percent of all marital unions are consanguineous, with even higher rates (> 75%) in some regions.[37]

But consanguineous marriage is not simply a reflection of Islam, given that the practice is found in Middle Eastern Christian populations as well. A wide range of deeply rooted historical, sociocultural, and economic rationales support consanguineous marriages in these societies. It is often believed that consanguineous marriages offer a range of social and economic advantages, including better compatibility between husband and wife and their respective families (who are known to each other rather than being "strangers," often within the context of arranged marriages); maintenance of wealth, property, and inheritance within the family; superior prenuptial negotiations vis-à-vis reduced bridewealth payments; reinforcement of familial and tribal affiliations; strengthened affective ties between the relatives who marry their children to each other; and fewer of the complications and uncertainties inherent in marriages with nonrelatives.[38] Furthermore, it is believed that the family is the main source of personal identity and security; thus, only through endogamy (within-family marriage) can a family's strength and family members' personal security be assured. For women in particular, marrying a cousin facilitates the transition of a wife to a husband's family in a "soft" manner, without the disruption of existing family bonds or even household arrangements.[39]

As I have argued in my earlier research from Egypt,[40] cousin marriages may also serve as a buffer against divorce in cases of marital infertility. Familial loyalty seems to play a role in securing such marriages, since male cousins often tend to feel protective toward their female cousins in general, and female cousins often feel an obligation to "take care of their husband's name" (i.e., to protect his and the family's reputation) in cases of male infertility. In addition, it is widely believed that fertility may be *enhanced* in cousin marriages, because of the salubrious mixing of the "same blood." In a pronatalist setting, the belief that cousin marriages produce more and better offspring may be a major impetus for perpetuation of this practice.

In my Egyptian research, more than one-third (35%) of all marriages were between cousins, but particularly among nonworking women of lower educational backgrounds. This finding is similar to studies across the Middle Eastern region, which show that poorer women tend to be married to their cousins.[41] However, among men in many Middle Eastern communities, the higher the educational-occupational status, the higher the rate of consanguineous unions. One plausible explanation for this pattern is that the "best males" are pressured to remain "within" the family by marrying a cousin. Such males, especially eldest sons, are regarded as valuable assets, who should be conserved within sociofamilial boundaries. This "best males" hypothesis has been forwarded in studies conducted in Yemen and Jordan but has been questioned as a cause of cousin marriage in studies conducted in Lebanon,[42] as well as in the Gulf states of Kuwait and Saudi Arabia.[43]

As noted earlier, Lebanon has among the highest educational and literacy levels in the Middle Eastern region, and among the lowest rates of consanguineous marriage. Nonetheless, consanguineous marriage practices in Lebanon remain strong, with 30 percent of Muslims and 17 percent of Christians marrying their cousins. One recent study suggests that consanguineous marriage in Lebanon may be increasing over time, perhaps because of the fracturing of society by years of civil war and ongoing political violence.[44] Many demographic disruptions occurred in Lebanon as a result of the civil war, including delayed age at first marriage; decreased family size; an increased proportion of unmarried adult women as a result of high male outmigration and mortality; reduced employment opportunities; and shortages of safe, affordable housing. Because of the dearth of wage-earning males, Lebanese women increased their levels of educational attainment and involvement in the labor force. The influence of higher educational attainment among women has further affected their postwar lives, resulting in what has generally been referred to as a "celibacy trap": namely, the postponement of marriage to the late twenties, coupled with the dearth of marriageable Lebanese men, has resulted in an increased lifetime expectancy of celibacy (what used to be known as "spinsterhood") for many Lebanese women.[45] As a result, Lebanese women have become more tolerant of less socially desirable marriages, including to either younger or much older men, men with lower educational levels, and cousins whom they might not have preferred to marry otherwise.

To illustrate some of these issues, it is useful to turn to the cases of two infertile Lebanese men, one whom I will call Hussain and the other Waleed. Like Abbas, both had difficult male infertility problems, and like Abbas, both volunteered to participate in the study after reading an advertisement that I had placed in the clinic's waiting area. Both men offered compelling accounts of their severe male infertility problems, although neither attributed these problems to consanguineous marriage per se. Moreover, both men had met familial expectations by marrying cousins, even though these cousin marriages were fraught with sadness.

Hussain and the Death of an ICSI Son

Hussain was an unlikely volunteer. A tall, hulking Lebanese army commando with tobacco-stained teeth, Hussain was dressed on the day of the interview in camouflage gear and army boots, with a closely shaved head and massive arm muscles bulging out of his uniform. As a devout Shia Muslim, he would not shake my hand when I extended it.[46] Nonetheless, he was amazingly candid and forthcoming during the interview, perhaps experiencing some catharsis through the telling of his painful story.

Hussain was thirty-seven years old and had spent twenty years of his life in the Lebanese army. As a career soldier, Hussain was "on the front line" throughout the fifteen-year civil war, experiencing "everything," including participation in combat and living through periods of intense bombing. He does not attribute his male infertility problems to the stresses of the civil war, as many other Lebanese men in this study did. In fact, although he saw many frightening scenes of war and carnage, he said that he never felt fear while participating in actual combat.

Hussain had been married twice. His first marriage occurred when he was only a teen (aged seventeen) and did not produce any children. His mother-in-law blamed him for the infertility, and so he went to a doctor for a semen analysis. According to Hussain, the semen analysis was normal, so he took the report to his mother-in-law, telling her, "The problem is not from me." Although the lack of pregnancy was not the ultimate cause for the divorce, Hussain blamed "family interference" and now doubts the accuracy of his initial semen test.

In his second marriage, Hussain took the safer route by marrying a woman named Najat. Najat is Hussain's double first cousin—both his father's brother's daughter (FBD) and his mother's brother's daughter (MBD). Hussain himself is the product of multiple generations of consanguineous unions. His grandparents on both sides were cousins, and both sets of grandparents were related to each other (i.e., the grandfathers were

brothers). His mother and father are first cousins (FBD). Hussain has never considered consanguineous marriage as an important factor in his life or health, since cousin marriage is so "normal" in his Shia Muslim community in southern Lebanon. He said that his marriage to Najat, a tall, attractive, veiled woman, is "happy enough," although they have had ongoing sexual problems throughout their marriage. Hussain admitted that he is "hyper" and suffers from premature ejaculation virtually every time he and Najat try to have sex. He has been told that the problem is "psychological" but has never been treated for the sexual disorder.

Instead, Hussain has focused all his of efforts on overcoming his male infertility problem. In the interview, he went on to relate a painful seventeen-year history of male infertility punctuated by hundreds of semen analyses, multiple hormonal injections, four unsuccessful intrauterine insemination attempts (using his sperm), and an unwarranted varicocelectomy, which is commonly performed in Lebanon as a moneymaking surgery by unscrupulous urologists. Hussain said that "only God knows" why he is infertile in his second marriage. To his knowledge, there are no other known cases of male infertility in his family, as all of his five brothers (and six sisters) have children. As he explained, "I went to all *good* doctors, specialists and professors in Beirut, but not one of them said, 'You have *this* problem that causes your infertility.'"

Finally, through a loan from the army in the year 2000, Hussain gathered together enough money to undergo one cycle of ICSI. The ICSI procedure was performed, but Hussain lamented that "the doctor, he didn't do his best for us." Hussain was elated to learn that Najat was pregnant for the first time after ten years of marriage. But his happiness lasted only through the delivery, when the nurse came to tell him that a baby son had been born. Minutes later, the nurse reappeared and, according to Hussain, "told me he is a Mongol" (i.e., a baby with Down Syndrome).

"I had a strong shock, and I threw up," Hussain recalled. "I stayed for one month crying. My wife also felt so bad. But I believe in God, and this is what God wants. So *hamdu-lillah* [praise be to God]. If he had lived, we would have raised him. But I felt so bad when he died [eight months later, from a heart defect]. I cried and cried. He was so intelligent. Even though he was a Mongol, it wasn't a 'strong case.'"

Although Down Syndrome is one of the genetic disorders attributable to consanguineous unions in the Middle East, Hussain has not considered this possibility and is instead trying to mobilize the financial resources for a second ICSI cycle. His father is helping him to pay for treatment but has not been informed about the ICSI, which Hussain and Najat are keeping "top secret." They believe that an IVF or ICSI child would be ridiculed in their conservative Muslim community. "Because all my family have chil-

dren, perhaps in the future they'll say to my child, 'You are an in vitro child.' Not all people understand IVF, what it means. Perhaps they will think bad things about it, like that we've used other people's sperm."

As Hussain explained at the end of the interview, "The child, he completes the family, and no marriage is complete without the child. Because they are fun, children make for a nice family life, with happiness and humor. We *must* have children to be happy. No couple is happy without them. My wife and I are happy now, but to complete our happiness, we must have children."

Given his history of long-term, severe male infertility and the birth of an ICSI child who died from a Down Syndrome–related heart condition, repeating ICSI may not be advisable. However, genetic screening and counseling are not well-developed specialties in Lebanon, or in other parts of the Middle East, for that matter. At the time of Hussain's interview, only one geneticist was known to be working in Lebanon, and no genetic counseling clinics or educational materials were yet available to advise ICSI patients. Therefore, Hussain and Najat did not receive any information about their genetic risk factors. At the time of the interview, they were getting ready to embark on their second cycle of ICSI, hoping, *insha'Allah*, that they would be blessed with a healthy child.

Waleed and the Death of a Family

Two weeks after my meeting with Hussain, Waleed volunteered for my study, bringing with him a thick medical file. At age fifty-seven, Waleed seemed old and defeated. The war years had been hard on Waleed, who had fled with his family from their mountain homestead to the Shia slums of Beirut at the outbreak of the civil war. Waleed described the "horror" of living through the conflict. His mother died within the first year of the family's exile, and Waleed and his siblings spent many months in basement bomb shelters, where he developed a phobic fear of rats. Nearly thirty of his family members were killed during the war, but Waleed was lucky to escape with only a bullet graze to his forehead. Because he could not sleep during the bombing raids, he began using anti-anxiety medications, eventually developing an addiction. Everything about Waleed's life was disrupted: he barely managed to finish high school, he could not afford to go to college, and he felt responsible for supporting his motherless siblings, putting off his own marriage in the process. Eventually, as the war receded, he was able to open up a small photography studio in Beirut, where he met many "beautiful women." He estimates that he slept with at least fifty of these women during his "bachelor years" from the ages of

seventeen to forty. Waleed's need to divulge the dark secrets of his sexual life was clear, for he began his interview like this,

> When I was young, I was really shy and blushed around girls. When I was seven years old, I used to masturbate *a lot*. At age seven, I was already thinking bad thoughts. Then, at age seventeen, I started going out. It was then that I caught a *microbe*. I had an infection, and I took an antibiotic. I had these [sexually transmitted] infections more than two times, maybe more than three to four times. I took antibiotics. But I think the problem [male infertility] comes from the diseases I got from the girls. My sperm went down to 25 percent active after I got infected, and then when I took antibiotics, it returned to 45 percent. But I think this [the sexually transmitted infections] is the direct cause.

Because Waleed had raised the issue so directly, I asked him if he felt guilty about his earlier sexual encounters. He denied feelings of sexual guilt, because "it's normal, it's natural" for young men to have sexual desires. Furthermore, Waleed was forced to delay marriage on account of the war and his family situation. He was already aged forty at the time of his first marriage, choosing a second cousin out of a sense of familial loyalty and obligation. However, this cousin marriage was ill-fated and short-lived. When his new bride discovered that Waleed had an infertility problem, she divorced him, even though Waleed underwent a preemptive varicocelectomy operation on her behalf.

Waleed remained celibate for another two years, then, at age forty-two, decided to marry a pretty, twenty-three-year-old woman named Yusra, who was not his relative. This was in 1988, three years before ICSI was discovered in Belgium, five years before the first Lebanese IVF clinic opened in Beirut, and six years before ICSI made its way to the Middle East. These were "wasted years" for Waleed and Yusra, who were aging, reproductively speaking, without producing a desired child. During this period, Waleed underwent a second varicocelectomy, which was the only purported "treatment" for male infertility at the time. But Waleed now regrets this decision, calling the second varicocelectomy a "mistake." He explained,

> They did something wrong in the second operation. My testicle became swollen on the right side, *very* swollen for two months. I went to a doctor, and he said that there were 5 cc's of water on the right and on the left, 2 cc's of water in the testicle. He did another operation to drain the testicles. And on this last operation, they told me that it "killed the [sperm] cells." But there was an infection, so they had to drain. In Lebanon, for the past twenty-five years, anyone who

has a problem having a child, they immediately tell them to do a varicocelectomy. The doctors here say you have to do it. But before the operation, my percentage [of sperm activity] was higher, and after the operation, it went down. It wasn't useful.

After two unsuccessful varicocelectomies and nearly a decade of childlessness, Waleed admits he began losing interest in sex. According to Waleed,

> In the beginning, I made love to my wife every other day, to try to get her pregnant. Even if I didn't feel like doing it, I would have sex with her if her eggs were good. For the last five to six years, my psychological state isn't good. I have problems in my erection and in my excitement. I'm getting older, and I'm not feeling good in my situation, and sex feels routine. About 15 percent of the time, I have "weakness," I can't get an erection, but I don't want to take, for example, Viagra, because I love natural things.

Despite his sexual troubles, Waleed became an active ICSI patient once the new technology was introduced to Lebanon in 1996. He underwent ICSI three times to no avail in another Beirut IVF clinic, before switching to the clinic where I met him. There, he had undertaken ICSI four times, achieving two pregnancies with Yusra. However, both were ectopic (tubal) pregnancies, which had to be treated by a medication called methotrexate. This information was available in Waleed's medical chart, which he had brought to the interview. But it was clear from Waleed's description of what happened to Yusra that he did not understand—or chose to misrecognize—the nature of the ectopic pregnancies. They had occurred because of the particular way in which the IVF physician had transferred the embryos to Yusra's fallopian tubes.[47] Instead of blaming the physician, Waleed blamed Yusra and her family for the pregnancy losses. "You haven't asked me if she has anything wrong," he said. "Does she?" I asked. He then launched into the following story,

> She has a problem—a small uterus. She is small like a girl of twelve or thirteen. She did two times a surgery to make it bigger, but, of course, it returned to its small size. Dr. [name] did one operation, and Dr. [another name] did the other. I don't know if she can carry a pregnancy to term. You would have to ask the doctor. But her sister has the same problem, a small uterus. She miscarried three to four times when the baby was three to four months. Then she had two girls, who are nine and four years old, then she had a boy. This is Yusra's younger sister. When she was married for only two months, she got pregnant, but then she miscarried. She couldn't have children back then. She would get pregnant, then miscarry. But now she's pregnant, and she's getting sick all the time. They definitely have a pregnancy problem in their family. Her husband, he has no problem. He has 55–60 percent active [sperm], and he was like Toro!

As Waleed proceeded to talk, it became clear that none of the men in his own family could be described as "Toro-like." Waleed eventually admitted that his older brother, too, was infertile, with three failed marriages as a result. Waleed asked if he could have a piece of paper from my notebook, and he proceeded to draw a detailed genealogy of all of the men in his family, circling five men who were infertile (i.e., Waleed, his older brother, his paternal cousin, and two paternal uncles). Waleed went on to complain about his younger brother, age fifty-one, who had still not married. Waleed was extremely critical of his younger brother's "free" lifestyle, eventually breaking into tears of frustration as he spoke,

> Both me and my older brother, we tried our chances and we couldn't get children. So why is the third one not trying his chance? He is working, and he has money. He's happy the way he's living. He travels; he went to America and stayed three months. But we hardly see him in Lebanon. He's in Germany still.[48]

It took Waleed several minutes to regain his composure. I offered him some tissues, and tried to console him. He apologized to me profusely, saying that he needed to be "stronger" but that my questions had "brought everything out." At this point, a veiled woman popped her head into the interview room, and it turned out to be Yusra. At first, she scolded Waleed for being "late," but then looked perplexed when she saw that he was crying. Waleed told Yusra that he would be with her shortly, and she disappeared from the doorway. He then told me, in hushed tones,

> My wife is really nice, and it's *haram* [forbidden] that I go with another woman to see if she can get pregnant. Yusra is so nice; I can't leave her. But I think about it. Would it work to get married to someone else if I hope to have children? Maybe to do it in secret, without her knowing? Not to get married, but just to "test" my fertility in a secret way. But to have a girlfriend, I would have to pay money that I don't have, to set up such a thing. And I love my wife, but at the same time, I want kids.

Waleed estimates that he has spent at least $25,000 in his quest for conception, and has no extra income to support a mistress, if he could find one. "All the money I made," he bemoaned, "instead of going out and having fun, I've kept for the operation."

Realizing he should end his interview, Waleed wiped the tears from his eyes, saying, "We are three brothers with no children. One is not married,

and two cannot have children. I am the 'hope of the family.' If I don't have children, the family will disappear."

Over the next four months, I followed Waleed and Yusra's case, happy to learn that she had become pregnant during their eighth ICSI cycle. However, two months later, Yusra miscarried again, which the clinic staff attributed to her "advanced maternal age" and the subsequent poor quality of her eggs and embryos. In short, Yusra, now thirty-nine, was "reproductively elderly," having given up her peak fertile years for her infertile husband, Waleed. Yet, Waleed did not truly appreciate Yusra's great sacrifice for the man she loved. On my final visit to the clinic, a tearful and agitated Yusra came to find me. She told me that, following her miscarriage, Waleed decided that his need to continue his family line outweighed his love for her. He had told Yusra that he wanted a divorce.

The Challenges of Consanguineous Connectivity

It is important to include these tragic stories, as well as infertile love stories with happy endings. Not all infertile marriages are everlasting, nor is ICSI a technological panacea. Two decades after its discovery, ICSI still cannot provide a guarantee that male infertility will be overcome or that a healthy baby will be born. As I have argued in my earlier research from Egypt,[49] ICSI has ironically increased the potential for divorce among Muslim couples, as seen in the sad story of Waleed and Yusra. ICSI is a technology to overcome sperm deficits, but it requires high-quality oocytes (eggs) to be successful (figure 8). As a result, the wives of many infertile men, who have "stood by" their infertile husbands for years, even decades in some cases, may have grown too old to produce viable oocytes for the ICSI procedure. As we will see in part II, egg donation is not accepted by the majority of Muslims in Lebanon, as elsewhere. Without it, reproductive "elderly" infertile couples such as Waleed and Yusra face four difficult options: to remain together permanently without children; to remain together in a polygynous marriage, which is rarely accepted by women themselves; to legally foster an orphan, which rarely occurs, for reasons to be explored in chapter 7; or to divorce so that the husband can attempt to have children with a younger wife. Some Muslim men like Waleed *are* choosing to divorce or take a second wife, believing that their own reproductive destinies lie with younger more fertile women. Although Waleed was the only Lebanese man in my study to initiate a divorce during the period of my fieldwork, clinicians in Lebanon told me that divorces do happen among Muslim couples who do not accept egg donation.

In fact, on the first day of my research, a Lebanese Christian embryologist explained to me, "In Lebanon, infertility is *the* problem. Everyone loves

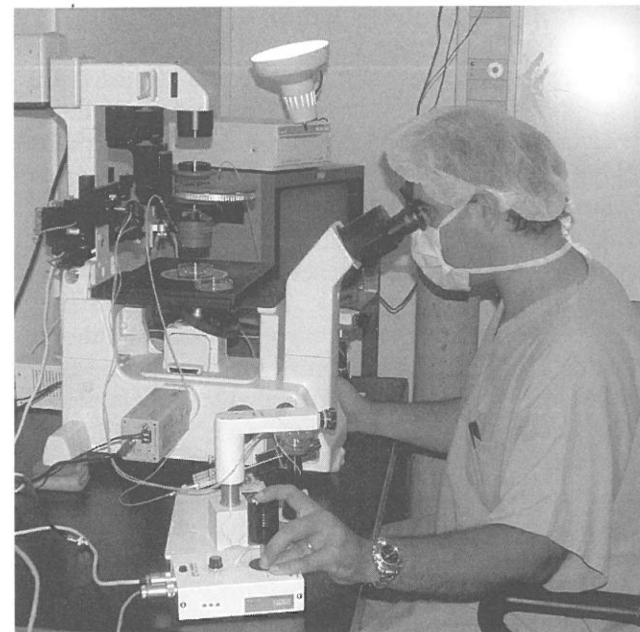

Figure 8. ICSI being performed in a Beirut IVF clinic laboratory

having children. Among Muslims, even if *he* is infertile, he comes back to the clinic with a new wife. There are high rates of divorce. Among Christians, it's *very* difficult to divorce. Both Orthodox and Catholics consider marriage to be for life." Another Shia Muslim staff member at the same clinic urged me study these "social things," because "men *do* leave their wives because of infertility. Sometimes women come to the clinic alone saying that they want to do IVF without their husbands' knowledge, because their husbands will leave them if they don't get pregnant." He added, however, "We tell them that they can't proceed without their husbands. This would be very dangerous." In fact, this clinic had organized a systematic egg donor program partly because of the clinic director's desire to prevent male-initiated divorce. Egg donation—and the religious debates surrounding it—are the subject of chapter 8. Suffice it to say here that when egg donation is not a possibility and repeated ICSI does not work to overcome a male infertility problem, then older wives such as Yusra are at risk.

The stories in this chapter also speak to another tragic outcome of ICSI—namely, the high percentage of pregnancy losses and infant deaths. In the Middle East, ICSI has the potential to perpetuate severe male infertility into future generations, as well as other genetic disorders such as cystic fibrosis. Although it remains to be seen whether Abbas's precious

son will suffer an early adult death from cystic fibrosis, Hussain's ICSI son lived only briefly, a life that was bittersweet for his first-cousin parents. Waleed, too, experienced the challenge of Yusra's life-threatening ectopic pregnancies, although he blamed these losses on Yusra in the momentum toward his divorce. Although the experience of pregnancy loss and child death does not lead to marital demise in most cases, it can nonetheless be a devastating and profoundly disruptive experience, especially after the high financial and familial investment in the ICSI outcome.

The impact of ICSI loss and death cannot be overstated. In my study of 220 men, there were 146 pregnancy losses or perinatal deaths, including the death of 7 ICSI babies (including two sets of twins); the stillbirth of 11 ICSI infants (including four sets of twins); the loss of one set of ICSI quadruplets (following a medical intervention); 10 ICSI ectopic pregnancies; 55 miscarriages following ICSI, IVF or IUI; and 60 spontaneous miscarriages, 4 of which were ectopic pregnancies. Men often described these reproductive events with great dismay, especially if they attributed the loss to medical error. Men also described the naming and burial of their dead infants. Particularly moving was my interview with Issa, a Christian Orthodox engineer from Syria. Issa told me about his "half-arranged" marriage to a second cousin, then immediately asked if consanguineous marriage within his family could have led to his ICSI baby's congenital heart defect, which had led to her postoperative death only six months earlier. Upon learning of the heart defect, I asked Issa if his baby had been born with Down Syndrome. "No. She was very beautiful," Issa said. "Do you have a picture?" I asked. He pulled out his wallet, showing me the photo of his gorgeous newborn daughter, bringing tears to both of our eyes. I expressed my condolences for the baby's death, sharing with Issa my own loss of stillborn twin daughters exactly a decade earlier.

Yet, Issa was one of only two men in my study who questioned whether consanguineous marriage could, in any way, have led to his baby daughter's medical condition. In general, questions about cousin marriage evoked little response among the men in my study, because the practice is so common across the region. Furthermore, "genetic thinking" is not part of the cultural milieu in Lebanon, Syria, or most parts of the Middle East. Instead, religion is often invoked to explain genetic diseases as manifestations of God's will, as seen in the stories of Abbas and Hussain. Furthermore, consanguineous marriages are common, while genetic conditions are relatively rare. Thus, community members are often unwilling to link consanguineous marriage to genetic disorders, particularly when there are strong religious, sociocultural, and economic incentives for marrying cousins.[50] Besides Issa, only one other man in my study, also a Christian, had anything to say about cousin marriage and genetic health risks. "We Maronites can marry cousins if we like," he explained to me. "Before, it was more common, especially in our grandparents' generation. But now we don't like to so much, because there are some problems in the children, coming from the 'same blood.' Even in England, the royal family is known to have boys who died at fourteen years because of this."

Genetic counseling and premarital screening programs are just beginning to emerge in the Middle East, and are now mandatory among some religious communities (e.g., Catholic Maronites, Armenian Orthodox), in some countries (especially in the Arab Gulf, where rates of consanguineous marriage are quite high), and for some genetic conditions (e.g., thalassemia, a Mediterranean hemoglobin disorder like sickle-cell anemia). Glossy brochures and well-designed Arabic-language Web sites are beginning to be developed, often portraying attractive Middle Eastern families and couples. The need for culturally sensitive, Arabic-language genetic counseling programs and materials has been noted by a number of scholars working in the region.[51] However, to my knowledge, no efforts have been directed at the infertile population per se, including men who are infertile because of consanguineous marriage in previous generations, and who may pass their familial male infertility onto their own male offspring via ICSI. Only one Turkish study—which showed relatively high frequencies of both chromosomal abnormalities and Y-chromosome microdeletions in a genetic survey of 1,935 Turkish men—has suggested "the need for genetic screening and proper genetic counseling before initiation of assisted reproduction treatment."[52]

Furthermore, preimplantation genetic diagnosis (PGD), which is now being used in Western IVF clinics to detect genetic disorders in eight-cell embryos,[53] would be useful in preventing the births of disabled ICSI offspring in the Middle East. For example, had PGD been available in Lebanon in the year 2000, it might have been offered to Hussain and Najat. The embryo that eventually became their ICSI son would likely have been discarded, and a child with Down Syndrome and a life-threatening heart defect would never have been born. Like ICSI itself, PGD brings with it profound ethical and moral conundrums, which are just beginning to be debated in the Middle Eastern region.[54] As of now, PGD programs are firmly in place in only three Middle Eastern countries—Egypt, Jordan, and Saudi Arabia. However, this technology is being learned and incorporated by embryologists in many neighboring countries, and will likely be widespread within the next decade. I predict that PGD will have major clinical impacts in the context of widespread, consanguinity-related Middle Eastern genetic disorders. Should PGD and genetic counseling programs reach Middle Eastern IVF clinics in the coming years, they will need to be incorporated in ways that do not condemn consanguineous marriage per

se as either "backward" or "dangerous." Rather, the links between consanguineous marriage, male infertility, and genetic diseases in children will have to be explained to couples through culturally tailored messages that are neither frightening nor offensive.

Men's Critique of Consanguineous Connectivity

Although men in the Middle East may not be questioning the health effects of consanguineous marriage per se, they are questioning consanguineous connectivity, or the perceived need for family bonding, loyalty, and enmeshment in each others' lives. I heard five major forms of critique on the part of my male informants: against war, against government, against religious divisions, against poor quality health care and providers, and against families. This last critique—against families—was aimed at three facets of Middle Eastern family life: first, the "family pressure" on a couple to conceive, which takes its toll on men and women in different ways; second, the family's "interference" in a couple's marriage, sometimes leading to divorce, even among cousins (see tables 6 and 7 in chapter 3 for proof of this) ; and third, the "burden" on men to support their extended families, especially aging parents, unmarried sisters, and any relatives in need.

Men talked quite openly about these familial pressures and their own forms of resistance. For example, a small percentage of couples (15%) were keeping their infertility and IVF or ICSI treatment seeking entirely secret from their families. Men explained this secrecy in one of three ways: fears of moral ridicule, especially for those who were using donor eggs or sperm; fears of *hasad* (envy, or evil eye), which might lead to a poor pregnancy outcome; and fears of raising family expectations, which would have to be addressed if the IVF or ICSI procedure did not succeed.

In general, men in my study invoked the need for "privacy" in their marriages, or the need to build a protective wall between themselves and their prying family members. Hassan, a Lebanese engineer who had received his PhD in the United States, felt sorry for his wife, who suffered from a severe case of endometriosis, which he called "the silent invader,"[55]

> I feel bad for her. It's not been the smoothest year. We're not stressing that much, but now it's always on the back of our minds. Our parents *desperately* want grandchildren. But we haven't told them, so that they don't get worried. Eventually, if it takes long enough [to get pregnant], we'll have to tell. But now, we're not telling them, so they don't get worried, and frankly, we don't need the stress. But sometimes they ask, "When am I going to be a grandmother?" They put a lot of stress on us, because I'm an only child. But this is "the normal" here. At work, people you barely know ask, "When are you going to get a baby?" "Are you hiding something?" Like you're hiding a gift! "Are you going to surprise us with something?" Personally, I don't do this, and I don't like it, for two reasons: Either they don't want children, and asking them won't change it. Or they're having a problem, and you're reminding them of their problem. But here, it's normal. It's a social tradition. Everything should be fast. You have to finish school, get married, have a child. There's an "average" timeline. So if you're late, everyone starts asking you. If you're married, "Where are the kids? *The kids*!" It's a lot of pressure.

This sort of familial pressure and conjugal interference was a major theme of men's narratives (table 12). Clearly, at least some men in my study felt incredibly burdened by their family's expectations for involvement and disclosure of their reproductive lives. In a society where individualism is not valued, men craved privacy in their marital lives. This desire was usually shared by women vis-à-vis their in-laws. Some of my most memorable interviews were with infertile couples who, together, lamented the expectations for connectivity within the Middle Eastern family.

An educated, Lebanese Muslim career couple, Abdullah and Rana, talked to me about "family interference,"

> Rana: Especially here in Lebanon, the family of the man asks the husband to divorce. The woman has to suffer more if the source [of the infertility] is the woman. She suffers more from the husband's family, and sometimes gets threatened with divorce. I felt in the early days, in the beginning of our marriage, I used to hear his mother talk. Each time we would visit, she would ask about children. Later on, she got silent, once she knew the reason [male infertility].
>
> Abdullah: This is her idea [Rana's]. I think families try to help at first. They don't recommend divorce in Lebanon. They try to help. When we, a Muslim couple, want to divorce, they try to solve the problem at first, before recommending divorce. It's difficult, *very* difficult, to divorce.
>
> Rana: We see things from a different angle. When a man knows his wife has a problem and needs lots of medication, the man will ask for divorce!
>
> Abdullah: This happens little, little. My idea is that this happens little. In this region, Beirut, they don't recommend divorce. They try their best to prevent it.
>
> Rana: Most women are often victims of family interference. When a couple has a problem [of infertility], I recommend that they solve their problem alone! But in Lebanon, with all of the family ties, they interfere, "For the sake of my child! My baby!"

TABLE 12. Men's stated desires for privacy

Country	*Fertility Status*	*Men's Comments*
Lebanese	Infertile	It's personal for us. If it fails, we'll tell them, and if it succeeds, they'll know. But not right now, because I don't want the family to be obsessed about it. They can't push us, but they want to push us! But they can't, even though they're nearly pushing! But I've put light limits on this. I guess all parents are like this.
Lebanese	Infertile	I wouldn't tell anyone what we're doing. You know, in Lebanon, I wouldn't tell anyone, not even my family. This society obliges you *not* to tell! It doesn't make sense to keep telling stories to the family, but we have to do something to help ourselves, without their involvement.
Lebanese, living in UAE	Infertile	Social pressure can be a big problem. It depends on the family. There are some families who say, "My child *will* go to a doctor." But I'm the kind of person, in the end, I don't grant anybody access. "To hell with them!" Whether we're happy is not their problem. It's personal.
Lebanese, living in Cote d'Ivoire	Fertile	I returned to Lebanon to avoid the family problems. Even my parents don't know [about IVF], because when a wife can't have children, his parents will nag and say he should divorce her. And I don't want this thing. Only her relatives know, her parents, but my parents, no. Because my parents have interfered a lot, and encouraged me to divorce her. But I love her.
Lebanese	Infertile	There is social pressure, but we don't allow anyone to interfere. We keep all of this private. A major problem here is family interference. But we tell them, "It is our life and don't interfere, please!" So no one knows. This is *completely secret!* We don't tell, because we don't want people to talk, "What's happening?" We say, "It's our problem; don't ask!" There is no privacy in Lebanon, so from the first time we went to the doctor, we said, "Don't ask!" They don't know what our problem is, even when she had surgery. We keep things to the two of us, as a couple. This is to lower the pressure, because if our families knew, they would say, "Do this! Don't do this! Go to this doctor! Don't go to this one!"
Lebanese	Infertile	You get, from time to time, questions like, "What's happening? Where are you going? Is your wife pregnant?" It happens once every two months, maybe. It's not heavy pressure, but it is pressure, on the other hand. I just tell them, "Actually, I have the problem," and then they become quiet.
Lebanese, living in Cote d'Ivoire	Infertile	I have no time for these family obligations. This is a "black spot" in my life that I don't fulfill these obligations. But I prefer to abide by my own life schedule. There's still time for me to have kids. So I'm staying in Abidjan [the capital of Cote d'Ivoire] because I want a good life with my wife, and I could never have this in Lebanon! *All* of them, including my relatives, are motivated by self-interest. I don't trust *anyone* in Lebanon. But I know I love my wife very much.
Lebanese	Infertile	We asked Dr. [name] to start ICSI immediately, because we wanted to speed up the process of having kids, just to avoid the gossip, people's talk. "Why don't you have kids yet?" From the first week [of marriage] the family asks this! We traveled to Egypt for two weeks, and when we came back, the family immediately started asking. In general, within one month maximum, people start asking. So we preferred the fastest way possible, and asked for ICSI. [Does anyone know?] It's the two of us only, to avoid questions and answers. Not even our sisters or mothers know.
Lebanese	Infertile	Social pressure? *A lot!* They ask questions, people from outside the family, and relatives on both sides. They ask, "Is there anything? Do you have anything? Shouldn't you visit doctors?" This is the Middle Eastern way. But we just say we're postponing having children.
Lebanese	Fertile	The generation before us, they make pressure. My parents, if I only have one child, they will say, "*Mais non?*" [But, no?] I usually don't submit to such pressure. Up until now, my parents don't affect my decisions in any way. I try to be nice to them. I always visit them every weekend. But such decisions I usually take on my own. My wife is more sensitive to her parents and my parents. In the last two months, I think she felt bad [about her infertility], and I try to support her. I make it clear, in front of my parents, that if I don't have kids, for me, it's not a crisis. But, sometimes, her parents *and* my parents talk to her. I tell her, "You should not listen to them!" The problem is, they don't say it to me now, because they know that this will not be the reason for me to have a kid. I will have a kid because I like kids, not because of their pressure.
Syrian	Infertile	It's a common question. All my [doctor] wife's patients ask, "Do you have children?" "No, not yet." It's a common question she gets every day, from patients, from her parents, my mother. For us, just the questions are the problem. We're not feeling it's a problem. If we have children, it's okay, and if not, it's not a problem. But my mother and mother-in-law, they don't ask directly, but we can see it in their eyes that it's their wish. Two to three months ago, my mother asked me very privately, "I wish to see your children." I always answer, "It's up to God. We are doing our best." I give her no details, especially my mother, because my mother is very curious about this, and she's an old woman, 73, with an older mentality. It's a total secret, because even though she can understand, she's a mother. So I just tell her, "It's from God."
Lebanese	IVF doctor	Here, it's a *family* life more than a *couple* life. It's not only you and your children, it's you, your cousins, your parents. Personally, I like it! It's like a small mafia. But *a lot* of divorces happen because of families. Because marriage here is not purely based on love and the will of the couple to live together. It is mainly based on what families want, including getting children.

TABLE 12. Men's stated desires for privacy *(continued)*

Whereas Abdullah and Rana did not see eye to eye on the level of family intervention, Jad and Michelle, an educated Lebanese Christian couple who had been happily married for fifteen years, agreed that their families were their only major source of stress,

JAD: We have a bit of pressure from the family.
MICHELLE (LAUGHING): My family! They like him very much so it's his fault that they are pressuring me to have a child for him.
JAD: Her whole family lives in the same building. It's nice, but we don't have our privacy always, and it's a bit difficult.
MICHELLE: We got used to a quiet, very organized life together. We have many things in common in our characters, me and Jad, but they don't understand that. It's a hectic social life in Lebanon—of family.
JAD: They don't leave you any space.
MICHELLE: This is what bothers me.
JAD: At the beginning, there was a bit of pressure. "Come on! Bring a child!"
MICHELLE: It used to be a little bit depressing. But, *khalas*, now it's over. But they still want to know everything!
JAD: They mind *your* own business, not *their* own business! Every minute, "Where are you? What are you doing? Where are you going? What are you dressing? What are you eating? What are you going to have for dinner?"
MICHELLE: "Do you have people over? Who are you inviting tonight? How come you didn't tell us?!" It's stressful, believe me!
JAD: That's why we always travel. We run away! Just for weekends to Cyprus, just to escape from the family, believe me!
MICHELLE: We didn't tell them about my hysteroscopy, because they would all be here. At home, they would have to wait for me! But I'm tired, I don't even want for them to know. So we told them I'm at the bank doing a little business with my husband. Believe me, I'm always tense, unconsciously, because of these stories.
JAD: They want to know *everything* about you.
MICHELLE: We want to go to the States or Canada, where everybody minds their own business. We've thought about it, I don't know, but not seriously.
JAD: We could, though, because we're a career couple.
MICHELLE: Here, before they ask you your name, "How many children do you have?"
JAD: One month after marriage, they asked, "Are you hiding something from us?" It means, "Do you have a pregnancy?" The mentality here is that you got married just to have children. For many men, "Then why are you married to her?"

MICHELLE: There is no "couple" here. They always look at us, me and Jad, with pity. Now, they never ask us about children. If they did, we would say, "We are satisfied. We are happy. We have accepted the idea of being a couple without children."
JAD: Believe me, we have no problems in our marriage. We're just trying everything, just for no regrets.
MICHELLE: I'm forty-two, I want a child, but I see it as a big responsibility. I feel the responsibility more than the joy.
JAD: We're afraid that the baby messes up our life. Either you are united in a good relationship or not. But here, the priority is for having children, not the marital relationship.
MICHELLE: Here, it's unacceptable not having children. No one would understand. They will think you're crazy.
JAD: But I'm "with" this idea. People ask me, "You don't have children? How are you living without?" And I tell them, "I'm happy with my wife. We have a perfect marriage. She has a career she likes. I have a career I like. We don't feel something missing." Why don't others accept this?
MICHELLE: They need time to change.

CONCLUSION

Although Michelle remains doubtful, I would argue that Lebanese society has already begun its change. As we have seen in this chapter, new ideas about family, responsibility, and the right to privacy, both individual and conjugal, are clearly emerging. Although men may love their parents and feel a sense of responsibility to their families of origin, they are also questioning the ethos of consanguineous connectivity, or the sense of hierarchical and duty-bound enmeshment within larger family structures.

In his article, "Closeness in the Age of Mechanical Reproduction: Debating Kinship and Biomedicine in Lebanon and the Middle East," anthropologist Morgan Clarke points to the importance of *qaraba*, or "closeness," which is the nearest equivalent in Arabic to a concept of "kinship."[56] Although *qaraba* is indicative of both family ties and a strong sense of Middle Eastern "sociability," Clarke's informants often complained of the claustrophobic, even oppressive nature of *qaraba*, or their too-close-for-comfort relations with family members.[57] In Clarke's research, his informants asserted not only the primacy of family relations but also the need for some distance. This was true in my research as well. While men were grateful for their families' aid in generating funds for an ICSI cycle, they also complained about "family interference." Family members, they explained, were

often intrusive and even stressful in pressuring infertile couples to conceive, and in asserting their own rights to grandchildren and familial continuity.

Some men today are resisting these pressures, even rejecting familial demands outright. Michelle's husband Jad is a perfect example in this regard. He does not perceive a felt need to become a father or to reproduce for the sake of his family line. He expresses life satisfaction with his "perfect" marriage to Michelle and their dual careers. He views himself as part of a committed "couple," and he resents the family's interference in their marriage. To that end, he has considered emigration as a form of resistance—perhaps the only way he can experience conjugal peace and tranquillity away from prying relatives. Although Jad's emigration fantasies may never materialize, Jad is, in fact, like most of the Middle Eastern men in my study. Middle Eastern men today are seriously rethinking marriage, family life, and what it means to be a man in the twenty-first century—which may or may not include having children with the wives they love.

PART II

Islamic Masculinities