

Sacred Maternity: Considering Piety and Fertility in Islam During The Age of Assisted Reproductive Technologies

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ABSTRACT

Recent advancements in assisted reproductive technologies (ARTs) provide women with new ways to address infertility—both presently felt and anticipated. Qur’anic paradigms of women, while not technically requiring procreation, point to the sacredness of maternity, and other narratives in the tradition imagine barrenness as a condition that is alleviated by God, often as a response to demonstrated piety. New technologies, however, force women experiencing infertility to decide whether to utilize ARTs as extensions of the divine, infertility-relieving hand or accept their condition as willed by God. This paper examines those responses to infertility for Muslim women and communities, taking into account Qur’anic narratives, legal tradition, theology of illness, and the pressures of bionormativity and genetic relatedness that surround reproduction.

Keywords: Assisted reproductive technologies, infertility, Islam, motherhood, piety

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INTRODUCTION

With the rapid advancement of medical technology, there are now ways to overcome, at least in part, the body-as-destiny paradigm to which humans have until now been captive. This, too, is the case with infertility, as assisted reproductive technologies (ARTs)—particularly *in vitro* fertilization (IVF) and intracytoplasmic sperm injection (ICSI)—now theoretically give persons hoping to procreate the opportunity to do so, regardless of their experience with (in)fertility.² That being said, the presence of these technologies, to say nothing of their accessibility, drives women, predominantly, to choose whether to utilize alternative ways of “making a baby” or to resign themselves to their bodies, thereby accepting their infertility as an extension of God’s divine and creative hand.³

This paper analyzes the way those decisions come to pass, taking into account Qur’anic (and otherwise scriptural) narratives of mothering and reproduction, legal discourse around IVF use and other fertility-preserving

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² For the sake of this paper, when referring to infertility I am specifically referring to medical infertility, or that which is experienced by individuals whose reproductive organs or gametes prevent conception, as opposed to social infertility, that which is experienced by same-sex couples and single adults. See Kimberly Mutcherson, “Reproductive Rights without Resources or Recourse,” *Hastings Center Report* 47, no.6 (2017): S13.

³ Marcia Inhorn, *Local Babies, Global Science: Gender, Religion, and In Vitro Fertilization in Egypt* (New York: Routledge, 2003), 102.

or fertility-enhancing methods, and social pressures that privilege biogenetic relatedness in striving for procreative success. Undergirding the whole discussion is a certain level of gender analysis, examining the ways in which the procreative work is consigned to women, as well as how the fertility of a marital dyad functions as a metric of the female partner's piety and identity as a woman, mother, or not-yet-mother.⁴

PARADIGMS OF WOMANHOOD AND MOTHERING

The Qur'an presents four major paradigms of womanhood in Islam: Mary, the wife of Pharaoh, Khadīja, and Fāṭima, all of whom the *ḥadīth* calls the "best among women."⁵ While not all of these women bore children, and all mothered differently, their elevated status as women in Islam has inherently established ideals of motherhood and expectations of mothering—and, arguably, fertility—for women. Kathryn Kueny's text, *Conceiving Identities*, offers analyses of these archetypes using medieval exegesis and Qur'anic literature.

Mary, the mother of Jesus and understood by medieval scholars as "the quintessential mother," conceived her child through divine intervention, chosen by God "to receive God's word, spirit, and/or prophet Jesus outside the normal course of human sexual intercourse."⁶ She had guarded herself and her body from the advances of men, but when God's messenger decreed that her conception was part of the divine will she surrendered and allowed

⁴ This paper deals primarily with the ethical dialogue around the use of ARTs to address medical infertility in Muslim women, but it does not consider the stratified experience of infertility along socioeconomic class lines. Given how resource-exhaustive (and bodily taxing) IVF can be, and how available fertility clinics may or may not be in different regions of the world, it cannot at all be assumed that access to ARTs is anywhere close to equitable. This adds a different thread to the narrative as well: to what extent are Muslim women obligated to incur debt or buck cultural norms in order to utilize ARTs, even without guarantee of a successful conception?

⁵ Kathryn Kueny, *Conceiving Identities: Maternity in Medieval Discourse and Practice* (Albany, NY: State University of New York Press, 2013), 81.

⁶ *Ibid.*, 84-85.

her body—her womb—to be used as the carrier of God’s “sign unto the people and a Mercy from [God].”⁷ In doing so, she undoubtedly opened herself to the stigma given to unwed mothers and unchaste women. When she gave birth to Jesus against “the trunk of a palm-tree,” a voice called to her, comforting her in her anguish and calling her to shake the dates down from the tree and eat them.⁸ In both the conception and birth of her son, Mary showed obedience to divine instruction and depended on divine provision. Further, though her narrative “casts into sharp relief the ordinary female body that, unchosen, must engage in carnal practices with men—rather than the divine breath—who now command a woman’s reproductive fate.”⁹ With a reproductive experience entirely decentered from sex, Mary puts forth a maternal and female paradigm of purity and obedience.

While Āsiya, the wife of Pharaoh, was not a biological mother, she “resists her husband’s tyranny, rejection of God, and physical abuse to rescue, nurture, and rear a future prophet.”¹⁰ When she found the baby Moses floating on the river, she called her husband to “slay him not” and brought the boy into her house, unaware of his destiny to be “an enemy and a (cause of their) grief.”¹¹ Mention of Āsiya in the Qur’an is certainly brief, but her act of defiance against her husband and willingness to protect and shelter a strange baby—especially a future prophet of the faith—ensure that she is remembered well.

Khadija, the prophet’s first wife, mother to his genealogical line, and first convert to Islam, “forges the link between belief in God, service to his prophet, and a prolific womb, even in old age.”¹² Whereas Pharaoh’s wife

⁷ Qur’an 19:21 (Translated S.V. Mir Ahmed Ali).

⁸ Qur’an 19:23-25.

⁹ Kueny, *Conceiving Identities*, 86.

¹⁰ *Ibid*, 82.

¹¹ Qur’an 28:8-9.

¹² Kueny, *Conceiving Identities*, 82.

and Mary were divinely chosen and destined to rear prophets, Khadija's "dedication to the prophet came out of her own understanding and recognition of who he was and what his message represented."¹³ Barbara Stowasser writes, "While [Āsiya's] and Mary's merit is established on the basis of the Qur'an (66:11-12), Khadija's merit is seen in her support of the Prophet from the day they met to the day she died."¹⁴ She was purportedly the only of the prophet's wives to bear him children, and for that she is certainly lauded, but what made her remarkable as a maternal paradigm was incredibly ordinary.

Fāṭima, the last of the four "best among women" and daughter of Muhammad and Khadija's union, bore the Prophet's grandchildren and descendants and took over "as surrogate mother to Muhammad after Khadija died."¹⁵ Kueny writes that while Fāṭima is remembered in Sunni and Shi'i sources "for her willingness to suffer grief and pain [over the death of her father], and to sacrifice her own body to bear and support the prophet's grandchildren," Shi'i tradition emphasizes her role as the mother to the Imams and martyrs for the faith. Twelver Shi'i sources "transform her body into a purified vessel, even more so than Mary's, that is protected from the vagaries of a flawed human nature."¹⁶

Notably outside of the four "best among women" is 'Ā'isha, the prophet's most beloved wife after Khadija and "mother of the believers." Kueny posits that this exclusion

may have to do with her sterility, a bodily imperfection that in her case—contrary to the Qur'an's depiction of the prophet's wives' barren righteousness—is equated with impiety, jealousy, and her own claims to authority, power, and wisdom within the tradition. These "facts" embroidered into her biological narrative, at least to

¹³ Ibid, 99.

¹⁴ Barbara F. Stowasser, *Women in the Qur'an, Traditions, and Interpretation* (New York, Oxford: Oxford University Press, 1994), 59.

¹⁵ Kueny, *Conceiving Identities*, 103.

¹⁶ Ibid.

the outset, do little to contribute to the maternal ideal envisioned by the elites.¹⁷

However, while ‘Ā’isha’s childlessness and presumable infertility might land her outside the male-construed ideal of the maternal, it also fashions her into a more accessible model for Muslim women to emulate. That she remains lauded, at least among Sunni Muslims, despite being outside of the four “best among women” means that perhaps childlessness—both biogenetically and adoptively—has a legitimate precedent in Islamic history and tradition.

INFERTILITY: DISEASE OR DESIGN?

In addition to Mary, the narratives of Sarah and the wife of Zachariah offer some assistance in situating involuntary childlessness—and unlikely, miraculous conception—in the framework of Islamic thought and tradition. Ayesha Chaudry writes that Sarah, the elderly and barren wife of Abraham, encounters an angel similarly to Mary, and “the ‘good’ news of a son is offered...without her having asked for it.”¹⁸ She does not react with joy, but rather with worry over her capabilities and physical frailty, for which she is rebuked by the angel.¹⁹ Zachariah’s wife, who remains unnamed in the Qur’an, conceives a child as a result of her husband’s supplication.²⁰ Chaudry notes that in another narration in *sūra* 21, God replies by saying, “So We responded to his prayer and We granted him Yahya: We cured/corrected his wife for him.”²¹ This language of curing or correcting her childlessness suggests that her infertility was, in fact, a kind of disease or disability—something to be fixed, if able, and deviant from the normative,

¹⁷ Ibid, 83.

¹⁸ Ayesha S. Chaudry, “Unlikely Motherhood in the Qur’ān: Oncofertility as Devotion” in *Oncofertility*, ed. T. Woodruff et al. (Boston: Springer, 2010), 291.

¹⁹ Qur’an 11:69-74.

²⁰ Qur’an 19:3-7.

²¹ Chaudry, “Unlikely Motherhood,” 291-292.

patriarchally-read, expectations of the female body. However, that these stories frame “having children, despite natural biological impediments such as old age and barrenness,” as miraculous and inherently good presents a useful framework for understanding the contemporary use of ARTs.²² That being said, looking to members of the prophet’s family as examples of righteous living, we find women who did not become mothers, biogenetically or otherwise, so there also exists a model for women who cannot conceive children to find themselves, in their infertile state, represented in that family.

Rumee Ahmed approaches the issue from a legal and ethical perspective, primarily using the principles of necessity (*darūrah*) and “no harm, no harassment” (*lā dirar wa lā dirār*) in relation to medical technology and intervention.²³ He writes, “if a medical procedure was deemed necessary for the patient’s well-being—regularly defined in terms of functionality and quality of life—and did not cause harm to the patient or others, then the procedure was deemed legally licit.”²⁴ He is writing specifically in reference to oncofertility—the practice of employing ARTs to secure the reproductive futures of cancer survivors that would otherwise be endangered by chemotherapy or radiation therapy—and reasons that the practice would likely be deemed valid under Islamic law given that it “is necessary to maintain the reproductive functionality of a cancer patient.”²⁵ This reasoning frames infertility as, primarily, the result of treating a serious disease, but also as a disability in and of itself, as it threatens a bodily function that is deemed normal. Therefore, if infertility—in whatever way it is experienced—can be sufficiently defined as a disability, it opens up the possibility for rulings on the permissibility of ARTs.

²² Ibid, 292.

²³ Rumee Ahmed. “Sacred Bodies: Considering Resistance to Oncofertility in Muslim Communities,” in *Oncofertility*, edited by T. Woodruff, L. Zoloth, L. Campo-Engelstein, S. Rodriguez (Boston: Springer, 2010), 280.

²⁴ Ibid.

²⁵ Ibid.

However, regardless of whether or not oncofertility practices—and, by extension, other ARTs—are legally and ethically sound, “Muslim women might feel that by choosing to engage in fertility-enhancing technology, they are demonstrating a lack of trust in God and that they are not ‘submitting’ to His will in the matter of their infertility.”²⁶ To borrow Daniel Sulmasy’s terms, the two options these women experiencing (or anticipating) infertility have—to use ARTs or not—speak to two different stories about the source and purpose of infertility. Her decision hangs on the *mythos*, the “underlying myth,” she ascribes to her condition.²⁷ If she understands her infertility as the result of God removing the possibility for children through disease or dysfunction, then she might view the utilization of ARTs to overcome that childlessness as a kind of “playing God.”²⁸ But if she believes biogenetic motherhood to be critical to her identity as a woman or mother, and her infertility to be mere pathology that is not directly caused by God’s design, then she might view ARTs as extensions of the same divine hand that facilitated the unlikely conceptions experienced by Mary, Sarah, and the wife of Zachariah.

SUNNI AND SHI‘I LEGAL PERSPECTIVES ON ARTS

On March 23, 1980, Al-Azhar issued the first *fatwa* on assisted reproduction, “only 2 years after the birth of the first IVF baby [Louise Brown] in England, but a full 6 years before the opening of Egypt’s first IVF center.”²⁹ In the more than thirty-five intervening years, the *fatwa* has been reissued and adapted several times. At present, the Sunni *fatwas*, including the original 1980 Al-Azhar *fatwa*, have been “very permissive in granting

²⁶ Chaudry, “Unlikely Motherhood,” 290.

²⁷ Daniel P. Sulmasy, “Every *Ethos* Implies a *Mythos*” in *Notes from a Narrow Ridge: Religion and Bioethics*, eds. Dena S. Davis and Laurie Zoloth (Hagerstown, MD: University Publishing Group, 1999), 231.

²⁸ Chaudry, “Unlikely Motherhood,” 290.

²⁹ Marcia C. Inhorn and Soraya Tremayne, “Islam, Assisted Reproduction, and the Bioethical Aftermath,” *Journal of Religion and Health* 55 (2016): 424.

the use of ARTs to Muslim IVF physicians and their patients,” allowing most forms of ARTs to be used insofar as the gametes involved in the creation of the embryo come from the married couple and not from third-party donors. Interestingly, Sunni *fatwas* have even allowed uterine transplants, “in which a healthy uterus is transplanted from a willing [and live] donor to another woman who is lacking a competent uterus” in order to give women with absolute uterine-factor infertility the chance to conceive. The practice is wildly controversial, as some argue that the transplant process actually involves three medically unnecessary surgeries and a regiment of immunosuppressant drugs throughout gestation.³⁰ Others might claim that this extraordinarily risky and resource-exhaustive procedure merely illustrates the extent to which we cling to the idea of the biogenetically normative family. Inhorn and Tremayne write,

Islam is a religion that can be said to privilege—even mandate—heterosexual marital relations. As is made clear in the original Al-Azhar fatwa, reproduction outside of marriage is considered *zina*, or adultery, which is strictly forbidden in Islam. Although third-party donation does not involve the sexual body contact (“touch or gaze”) of adulterous relations, nor presumably the desire to engage in an extramarital affair, it is nonetheless considered by most Islamic religious scholars to be a form of adultery, by virtue of introducing a third party into the sacred dyad of husband and wife. It is the very fact that another man’s sperm or another woman’s eggs enter a place where they do not belong that makes donation of any kind inherently wrong and threatening to the marital bond.³¹

Here, the desire to stay within the bounds of *halal* marriage imposes a boundary on the possibilities couples, particularly women, have to overcome involuntary childlessness. In such cases, the couple must decide whether or not to privilege their dedication to a religiously-sound marriage over their desire to bear children, which might also have religious motivations. To overcome this tension, “husbands sympathetic to their

³⁰ A. Taneja et al, “Uterine Transplant: A Risk to Life or a Chance for Life?” *Science and Engineering Ethics* 25, no.2 (2019): 635-642.

³¹ Tremayne, “Islam, Assisted Reproduction,” 426.

wive's [sic] infertility problems" will "sometimes [engage] in *mut'a*, or temporary marriages, in order to undertake egg donation within the remit of a temporary polygynous marriage."³² Further, the permissibility of uterine transplants, which allow a woman to gestate a pregnancy through a donor uterus with, potentially, a fetus that is genetically related to her, combined with the general impermissibility of third-party gamete donation (setting aside the temporary marriage concept) reiterates not just the importance of fertility but the necessity to be biogenetically related to those children. Whether this is more the result of Islamic thought and law or Islam read through a patriarchal framework is difficult to decipher, but these pressures remain relevant to the conversation.

Shi'i clerics have largely agreed with the Sunni view with regards to restricting third-party gamete donation; however, in the 1990s this began to shift to allow for donor gametes to be used, particularly donor eggs. In 1999, Ayatollah Khamane'i, Supreme Leader of the Islamic Republic of Iran, issued a *fatwa* "effectively permitting both egg and sperm donation to be used."³³ Employing *ijtihad*, the clerics decided that the inclusion of donor gametes does not count as adultery, and therefore does not negate or destabilize the marriage dyad.³⁴ Rather, the non-biological parents of the resulting child—as in, the parent or parents who did not contribute genetic material to the embryo but intend to rear the child—are treated as adoptive parents.³⁵ Issues of inheritance are managed in such a way that the child has the right to inherit from the biological parents, thereby avoiding, or at least deflecting, the issue of patrilineal belonging.

³² Ibid.

³³ Ibid.

³⁴ Soraya Tremayne, "The 'Down Side' of Gamete Donation: Challenging 'Happy Family' Rhetoric in Iran" in *Islam and Assisted Reproductive Technologies: Sunni and Shia Perspectives*, ed. Marcia Inhorn and Soraya Tremayne (New York: Berghahn Books, 2012), 131. Cf. Zohreh Behjati-Ardakani et al, "Embryo Donation in Iranian Legal System: A Critical Review," *Journal of Reproduction & Infertility* 16, no.3 (2015): 130-137.

³⁵ Tremayne, "Islam, Assisted Reproduction," 427.

According to the *fatwa* issued by Ayatollah Khamane'i, the donor gamete technologies are seen "as a 'marriage savior,' preventing the 'marital and psychological disputes' that would otherwise arise from remaining childless indefinitely."³⁶ Tremayne challenges this notion, stating that the legitimization of donor gametes in ARTs by Shi'i—particularly Iranian—clerics "did not address the long-term impact of the donor child on the dynamics of family relations, between the child and the parents, between the spouses and genders, and on the larger social group."³⁷ In other words, to legitimize third-party gametes for the purpose of cementing familial ties or strengthening feelings of belonging ignores the psychosocial implications on the resulting child, who effectively becomes a pawn in family politics.

Another way to read the implications of the Shi'i openness to donor gametes is in the context of post-war Iran. Given the casualties of the Iran-Iraq war in the 1980s, especially among Iranian forces, it would logically follow that the need for population replenishment would potentially lead to greater comfort with third-party donations.

MUDDYING THE WATERS: ARTS AND LIVED ISLAM

Regardless of the legal permissibility or impermissibility of the use of ARTs in Muslim married couples, that so much anxiety still exists around these technologies and ways of "making test-tube babies" reveals that there is more to be unpacked and understood in this conversation.³⁸

While legal opinions have been more or less positive about the use of ARTs, jurists who sanction their use generally rely on the principle of bodily inviolability (*hurmah*), and that "unless there is a dire need that cannot be

³⁶ Ibid.

³⁷ Tremayne, "'Down Side' of Gamete Donation," 133.

³⁸ Marcia Inhorn, "Making Muslim babies: IVF and gamete donation in Sunni versus Shi'a Islam," *Culture, Medicine, and Psychiatry* 30 (2006): 431.

met through any other method, medical procedures should not alter the body in any way.”³⁹ This stems not only from the notion that humans are loaned their bodies, and that they are mere custodians over them, but also the Qur’anic narrative that “To allow for a physical trial, God will restore the dead their bodies and they will literally stand in judgment concerning how their bodies were utilized.”⁴⁰ At that trial, “the limbs and organs will speak to the extent to which their host, to whom they were given as a trust, used them in fidelity with and in defiance of God’s guidance and the internal moral compass.” To irreparably alter the body or its organs would be understood to be “violating the order of the universe and being unsure of the testimony of their organs on the Day of Judgment.”⁴¹ Therefore, if medical interventions interrupt that bodily integrity and damage the organs—as would be the case with practices associated with oncofertility, and gamete donation more generally, which typically involve the removal of ovarian or testicular tissue in order to harvest gametes for future use—then there would be understandable anxiety associated. Those who deeply value bodily inviolability and cling to the necessity for one’s organs to advocate on one’s behalf during the final days would likely be more hesitant to undergo ARTs that threaten that value, regardless of whether Islamic legal sources permit the practice.

In addition to concerns over bodily integrity, the issue of marriage prospects for unmarried women and marriage security for couples without children puts pressure on the use of ARTs. Ayesha Chaudry writes, “Islamic law considers offspring of men and women a basic marital right. For this reason, husbands and wives are permitted to divorce each other for infertility and impotence, respectively.”⁴² Therefore, if a woman suffers from ovarian cancer before she is married and does not take preventative measures to

³⁹ Ahmed, “Sacred Bodies,” 280.

⁴⁰ *Ibid.*, 282.

⁴¹ *Ibid.*, 283-284.

⁴² Chaudry, “Unlikely Motherhood,” 290.

secure her reproductive future before treating her disease, then she might have a more difficult time securing a legitimate marriage partner down the line. If a couple cannot conceive on their own, then the husband—given that the social pressure and blame associated with infertility often lands on the side of the woman—has the grounds to dissolve the marriage. Kecia Ali writes that a woman has the ability to pursue divorce if her husband is impotent and cannot consummate the marriage, but there does not appear to be a way for women to divorce on the grounds male-factor infertility, outside of general impotence.⁴³ In such cases that threaten a woman’s marital future or destabilize her present marriage, a woman might be more likely to seriously consider employing ARTs to overcome infertility, perhaps even traveling to destinations that are less controlled by Islamic legal courts.

Marcia Inhorn’s ethnography of IVF use in Egypt, *Local Babies, Global Science*, provides some evidence for how these theological and interpersonal tensions are hashed out. She describes that the women and men experiencing infertility whom she studied had resigned themselves to their childlessness, willing to accept that if God wanted them to have a child that their attempts at “making a test-tube baby” would be successful. One infertile woman remarked,

If we don’t have a baby, we are not going to take it against God’s will [e.g., through adoption or third-party donation]. We may try to make a test-tube baby, and still we don’t have a baby, because this is God’s will. But we have changed our opinion a little: It’s God’s will, but we have to do our best. That is what made us try [IVF] this time. There’s a proverb: “Allah told us to try, and we will do our best.”⁴⁴

This would suggest that the pursuit of conception and struggle against one’s infertility would be an act of piety, one that proves one’s willingness to struggle in the pursuit of something that pleases God.

⁴³ Kecia Ali, *Sexual Ethics and Islam: Feminist Reflections on Qur’an, Hadith, and Jurisprudence* (London: Oneworld Publications, 2016), 13.

⁴⁴ Inhorn, *Local Babies, Global Science*, 102.

In all of these scenarios, the decisions an individual might make about ARTs, and the relationship between that choice and their religious belief, hinges on the narrative told about the nature of her condition and of God's hand in that struggle. To this point, Ahmed writes, "Being comfortable with a medical procedure, it would seem, has less to do with having a juridical ruling authorizing the procedure and more to do with having a comfortable narrative within which to couch the procedure."⁴⁵ Not only do these narratives come from self-told stories and theodicies that address the presence of suffering, longing, or discontent, but the paradigms provided in the lives of Qur'anic women also give women models to follow in depending on God to sustain and provide.

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⁴⁵ Ahmed, "Sacred Bodies," 184.

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